



MONMOUTHSHIRE COUNTY COUNCIL.



PUBLIC HEALTH
REPORT
FOR THE YEAR 1934.



D. ROCYN JONES,

C.B.E., M.B., D.P.H., J.P.,

County Medical Officer.

THE COUNTY HALL,
NEWPORT, MON.
18th JULY, 1935.



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REVIEW

OF THE

GENERAL SANITARY CONDITIONS

OF THE

COUNTY OF MONMOUTH,

For the Year ended December 31st, 1934.

SCOPE OF THE REPORT.

Under Article 14 (3) of the Sanitary Officers Order 1926, and in accordance with circular 1417 (Wales) of the Ministry of Health (Welsh Board of Health), the Annual Reports for the year 1934 become the fourth of the series of Ordinary Reports. Reports of a full and detailed character known as "Survey Reports" are required by the Ministry of Health at intervals of not less than five years. The Report for the year 1930 was a "Survey Report," and completed the second series of Annual Reports.

The Circular for the year 1934 has been followed as far as possible for the work for which the County Council is directly responsible. At the time of going to press very few of the Reports of the District Medical Officers have been received, consequently it has not been possible to deal fully with some of the subjects.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres), 345,001.

Population (1931) Census, 345,755.

Do. (Estimated 1934), 338,950.

Rateable value, £1,171,617.

Sum represented by a penny rate, £4,215.

SOCIAL CONDITIONS.—The County of Monmouth is partly industrial and partly agricultural. The Rhymney, Sirhowy, Western and Eastern Valleys

are thickly populated coal mining districts, in which are also Iron, Steel and Tinplate works. In addition there are coal by-product plants in some of these districts. The Eastern and Southern portions of the County are practically agricultural communities.

The Social conditions generally remain much the same. Extensive unemployment still exists in the industrial parts of the County.

Reference to the influence of a particular occupation on Public Health is given in the Report of the County Pathologist under the heading Laboratory Facilities.

The Collieries and Works have well organised medical arrangements. The District Hospitals and the Royal Gwent Hospital at Newport are well patronised by residents of the County, but do not meet the full needs of general hospital facilities.

VITAL STATISTICS.

The Vital Statistics for England and Wales for the year 1934, compiled by the Registrar-General, are as in the subjoined table. The Monmouthshire figures are given for the purpose of comparison.

	Birth Rate per 1,000 of population.				Death Rate per 1,000 living.		Deaths under one year per 1,000 births.	
	Live Births	Still Births	Live Births	Still Births				
ENGLAND & WALES ...	1934 14.8	1934 0.62	(1933) (14.4)	(1933) (0.62)	1934 11.8	(1933) (12.3)	1934 59.0	(1933) (64.0)
121 County Boroughs and Great Towns, including London	14.7	0.66	(14.4)	(0.67)	11.8	(12.2)	63.0	(67.0)
135 Smaller Towns (Estimated resident population 25,000 to 50,000 at census 1931) ..	15.0	0.67	(14.5)	(0.67)	11.3	(11.0)	53.0	(56.0)
London	13.2	0.50	(13.2)	(0.45)	11.9	(12.2)	67.0	(59.0)
MONMOUTHSHIRE ...	16.49	0.94	(16.29)	(0.97)	11.7	(11.49)	57.4	(71.72)

In all cases the estimated populations as supplied by the Registrar-General have been used for the purposes of this table.

VITAL STATISTICS FOR THE YEAR 1934.

DISTRICT	ESTIMATED POPULATION.	BIRTHS								DEATHS				INFANTILE MORTALITY.				Zymotic Death-rate per 1000 of esti- mated population.	Tubercular Death-rate per 1000 of estimated population (including Phthisis and other Tubercular diseases)	Respiratory diseases Death-rate per 1000 of estimated population.	Medical Officer of Health	
		LEGITIMATE		ILLEGITIMATE		TOTAL		GRAND TOTAL	Rate per 1000 of popula- tion	Male	Female	Total	Rate per 1000 of popula- tion	Deaths under 1 year of age								
		Male	Female	Male	Female	Male	Female							Leg.	Illegit- imate.	Total.	Rate per 1,000 births.					
URBAN.																						
Abercarn ...	19720	174	160	4	6	178	166	344	12.3	113	96	209	10.5	17	3	20	58.1	.20	.96	1.57	E. M. Griffith, M.D., Abercarn	
Abergavenny ...	8240	66	42	5	3	71	45	116	14.0	52	53	105	12.7	3	—	3	25.8	.24	.48	.86	H. L. S. Griffiths, M.R.C.S., L.R.C.P., Abergavenny	
Abersychan ...	25020	215	161	8	5	223	166	389	15.5	137	132	269	10.7	18	1	19	48.8	.08	.76	1.32	R. J. S. Verity, L.S.A., L.M.S.S.A., Garndiffaith	
Abertillery ...	30720	242	234	11	7	253	241	494	16.0	178	179	357	11.6	30	1	31	62.7	.39	1.01	1.63	T. Baillie Smith, M.B., CH.B., D.P.H., Abertillery	
Bedwas and Machen ...	8794	69	72	2	—	71	72	143	16.2	58	49	107	12.1	10	1	11	76.2	.23	1.36	.91	Cecil E. P. Davies, L.M.S.S.A. Machen	
Bedwellty ...	29610	335	306	10	9	345	315	660	22.2	211	168	379	12.7	57	3	60	90.9	1.79	1.14	1.68	S. R. MacMillan, M.B., B.CH., New Tredegar	
Blaenavon ...	10790	95	87	1	4	96	91	187	17.3	91	65	156	14.4	10	—	10	53.4	.09	.65	2.32	J. Reynolds, M.B., CH.B., B.A.O., Blaenavon	
Caerleon ...	2481	20	9	—	—	20	9	29	11.2	19	11	30	12.0	—	—	—	—	—	2.01	.80	H. C. Watson, M.B., CH.B., Caerleon	
Chepstow ...	4114	35	31	5	3	40	34	74	17.9	33	31	64	15.5	2	1	3	40.5	—	.97	1.70	T. L. Drapes, M.B., B.CH., M.R.C.S., L.R.C.P., B.A., Chep-	
Ebbw Vale ...	30670	261	251	5	9	266	260	526	17.1	176	169	345	11.2	21	—	21	39.9	.62	.88	.84	F. M. Fonseca, F.R.C.S., D.P.H., Ebbw Vale [stow	
Llanfrechfa Upper ...	4384	35	32	—	—	35	32	67	15.2	29	24	53	12.0	5	—	5	74.6	.45	.45	1.14	A. W. Hayles, M.R.C.S., L.S.A., Upper Pontnewydd	
Llantarnam ...	7053	47	49	2	1	49	50	99	14.0	39	39	78	11.0	6	—	6	60.6	.14	.42	1.13	F. C. Jones, M.B., CH.B., M.R.C.S., L.R.C.P., Cwmbran	
Monmouth ...	4856	37	28	2	3	39	31	70	14.4	42	51	93	19.1	6	1	7	100.0	.82	.62	1.85	W. H. Williams, M.R.C.S., L.R.C.P., B.A., Monmouth	
Mynyddislwyn ...	15800	143	174	6	3	149	179	328	20.7	98	73	171	10.8	10	—	10	30.4	.69	.77	1.64	R. E. Roberts, M.B., B.S.C., L.S.A., Cwmfelinfach	
Nantyglo and Blaina ...	12860	100	94	3	5	103	99	202	15.7	87	82	169	13.1	23	1	24	118.8	1.01	.54	.70	F. M. Wallen, M.R.C.S., L.R.C.P., Blaina	
Panteg ...	11210	56	57	3	2	69	59	128	11.4	65	65	130	11.6	5	—	5	39.0	.18	.53	1.25	T. J. McAllen, M.B., CH.B., Pontypool	
Pontypool ...	6674	55	47	3	2	58	49	107	16.0	41	40	81	12.1	5	—	5	46.7	.15	1.20	2.25	Do. do.	
Rhydney ...	10230	92	91	5	5	97	96	193	18.7	75	59	134	13.0	9	—	9	46.6	.48	.87	1.85	R. V. de A. Redwood, F.R.C.S., L.R.C.P., Rhydney	
Risca ...	16180	99	120	—	1	99	121	220	13.5	89	84	173	10.6	9	—	9	40.9	.12	.62	1.79	N. N. Wade, M.D., CH.B., Risca	
Tredegar ...	22420	183	188	6	2	189	190	379	16.9	148	124	272	12.1	20	—	20	52.7	.44	.67	1.02	E. T. H. Davies, M.D., M.S., F.R.C.S., L.R.C.P.,	
Usk ...	1274	9	6	1	1	10	7	17	13.3	9	8	17	13.3	—	—	—	—	—	—	.79	E. L. M. Hackett, L.R.C.P., L.R.C.S., Usk [Tredegar	
RURAL.																						
Abergavenny ...	8616	57	48	7	1	64	49	113	13.1	41	35	76	8.8	6	—	6	53.0	.23	1.04	.69	D. W. Fryer, M.B., B.CH., M.R.C.S., L.R.C.P., Abergavenny	
Chepstow ...	8710	70	64	5	3	75	67	142	16.3	46	56	102	11.7	2	2	4	28.1	.46	.46	1.15	T. L. Drapes, M.B., B.CH., M.R.C.S., L.R.C.P., B.A., Chep-	
Magor ...	6898	55	55	—	2	55	57	112	16.2	45	28	73	10.5	7	1	8	71.4	—	.59	.72	Harvey Nichol, M.A., M.B., CH.B., D.P.H., Newport [stow	
Monmouth ...	6341	50	46	1	1	51	47	98	15.4	44	45	89	14.0	8	—	8	81.6	.47	1.10	1.10	W. H. Williams, M.R.C.S., L.R.C.P., B.A., Monmouth	
Pontypool ...	5035	30	21	—	—	30	21	51	10.1	28	27	55	10.9	3	—	3	58.8	.39	.59	.39	E. L. M. Hackett, L.R.C.P., L.R.C.S., Usk	
St. Mellons ...	20200	150	148	3	2	153	150	303	15.0	97	95	192	9.5	13	1	14	68.9	.10	.44	.49	N. N. Wade, M.D., CH.B., Risca	
Grand Totals, 1934	338950	2790	2623	98	80	2888	2703	5591	16.49	2091	1888	3979	11.7	305	16	321	57.4	.47	.80	1.29		
Totals for Year 1933	341490	2704	2666	105	88	2809	2754	5563	16.29	2152	1775	3927	11.49	372	27	399	71.72	.36	.84	1.47		

BIRTHS.—The total number of births registered in the Administrative County during 1934, was 5,591, made up as follows:—

	Legitimate		Illegitimate		Total		Grand Total
	M.	F.	M	F.	M	F.	
Urban Districts ...	2378	2241	82	71	2460	2312	4772
Rural Districts ...	412	382	16	9	428	391	819
Total ...	2790	2623	98	80	2888	2703	5591

In 1933 there were 5,563 births; in 1932, 5,885 births; in 1931, 6,146 births; in 1930, 6,342 births; in 1929, 6,149 births; in 1928, 6,612 births; in 1927, 6,552 births; in 1926, 7,575 births; in 1925, 8,100 births; in 1924, 8,368 births; in 1923, 8,737 births; in 1922, 8,805 births; in 1921, 10,312 births; in 1920, 10,779 births; in 1919, 8,487 births; in 1918, 8,948 births; in 1917, 8,402 births; in 1916, 8,848 births; in 1915, 10,194 births; and in 1914, 9,455 births. The birth rate for 1934 was 16·49 per 1,000 persons living. In 1933 the rate was 16·29; in 1932, 17·1; in 1931, 17·6; in 1930, 17·6; in 1929, 17·8; in 1928, 18·3; in 1927, 17·5; in 1926, 20·3; in 1925, 21·5; in 1924, 22·3; in 1923, 23·5; in 1922, 23·8; in 1921, 28·3; in 1920, 29·2; in 1919, 22·9; in 1918, 24·8; in 1917, 23·1; in 1916, 25·7; in 1915, 28·59; and in 1914, 30·2.

For the Urban Districts of the County the birth-rate was 16·85 per 1,000 for 1934, and for the Rural Districts, 14·67, as compared with 16·6 and 14·4 respectively for 1933 and 17·4 and 15·4 for 1932.

The birth rate shows an increase of ·2 upon the figure for the year 1933 (16·29). There were 28 more births in the Administrative County during the year 1934 as compared with 1933.

The number of births of illegitimate children was 178 which gives a rate of 31·8 per 1,000 of the total births, and ·52 per 1,000 population. Last year the number was 193, equal to 34·6 per 1,000 births, and ·56 per 1,000 of population. For the year 1932, the figures were 231, equal to 39·2 per 1,000 births, and ·61 per 1,000 population.

The birth-rate for England and Wales was 14·8.

DEATHS.—The total number of deaths registered in the Administrative County, as shown by the Registrar-General's table, was 3,979, as compared with 3,927 in 1933, 3,843 in 1932, 4,175 in 1931, 3,688 in 1930, 4,069 in 1929, 3,954 in 1928, 4,088 in 1927, 3,499 in 1926, 3,980 in 1925, 3,962 in 1924, 3,860 in 1923, 4,238 in 1922, 4,107 in 1921, 4,379 in 1920, 4,171 in 1919, 4,943 in 1918, 3,822 in 1917, 4,979 in 1916, 5,063 in 1915, and 4,356 in 1914.

The general death-rate, calculated upon the estimated population of 338,950, works out at 11·7 per 1,000 living. In 1933 the rate was 11·49; in 1932, 11·1; in 1931, 12·01; in 1930, 10·2; in 1929, 11·3; in 1928, 10·9; in 1927, 11·0; in 1926, 9·4; in 1925, 10·6; in 1924, 10·6; in 1923, 10·4; in 1922, 11·4; in 1921, 11·3; in 1920, 11·9; in 1919, 11·7; in 1918, 15·3; in 1917, 11·7; in 1916, 12·9; in 1915, 15·3; and in 1914, 12·8. For the Urban Districts the rate for 1934, was 11·9, and for the Rural Districts, 10·5.

The County death-rate of 11·7 per 1,000 of population is above the rate for 1933 which was 11·49, but is still below that for England and Wales, 11·8.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF MONMOUTH, 1934.

[illegible]

WOMEN DYING IN, OR IN CONSEQUENCE OF CHILDBIRTH.—

The number of deaths registered during the year from accidents and diseases of pregnancy and parturition was 35, 13 from Puerperal Fever and 22 from other causes associated with childbirth. This is equal to a rate of 6.2 per 1,000 live births, which is a decrease of .9 upon the figure for last year. The rate is still much higher than that of England and Wales, which for the year 1934 was 4.60 per 1,000 live births registered.

INFANTILE MORTALITY.—The total number of deaths under one year of age throughout the Administrative County was 321, 278 in the Urban Districts and 43 in the Rural Districts.

The rate per 1,000 births was 57.4, a decrease of 14.32 upon the figure for 1933 which was 71.72.

In the Urban Districts the rate was 58.2 per 1,000 births, and in the Rural Districts 52.5 per 1,000 births.

In 1933 the Infantile Mortality rate was 71.72; in 1932, 67.7; in 1931, 71.9; in 1930, 64.9; in 1929, 67.7; in 1928, 72.29; in 1927, 87.3; in 1926, 66.1; in 1925, 83.8; in 1924, 75.6; in 1923, 73.0; in 1922, 83.4; in 1921, 91.5; in 1920, 87.9; in 1919, 88.0; in 1918, 97.6; in 1917, 84.3; in 1916, 88.4; in 1915, 128.5; in 1914, 106; in 1913, 115; in 1912, 105; in 1911, 149; in 1910, 112; in 1909, 104; in 1908, 142; per 1,000 births.

The rate for England and Wales was 59.0.

The average Infantile Mortality rate for the 25 years, 1891-1915, was 137.4. The average rate for the nineteen years, 1916-1934 was 77.7.

The number of deaths of illegitimate children under one year of age was 16, or 2.7 per 1,000 of all births, and 89.8 per 1,000 of illegitimate births. Last year the number of deaths was 27, or 4.8 per 1,000 of all births, and 139.9 per 1,000 of illegitimate births.

The measures adopted by the County Council for the reduction of Infantile Mortality are fully dealt with in the Report upon Maternity and Child Welfare for the year 1934.

Number of deaths occurring during certain age periods in children under one year of age :—

	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 1 month	1—3 months	3—6 months	6—9 months	9—12 months	Total under 1 year
Urban Districts	118	18	16	12	164	44	30	20	16	274
Rural Districts	19	4	1	1	25	6	8	1	2	42
Totals	137	22	17	13	189	50	38	21	18	316

N.B.—The figures in the foregoing table were supplied by the District Medical Officers of Health.

CAUSES OF DEATH OF CHILDREN UNDER ONE YEAR OF AGE.

Causes of Death.	No. of Deaths.			Rate per 1000 Births— Administrative County.
	Urban Districts.	Rural Districts.	Administrative County.	
Infectious Diseases ...	13	6	19	3.39
Diarrhoeal Diseases ...	22	—	22	3.93
Wasting Diseases ...	154	29	183	32.73
Respiratory Diseases ...	41	3	44	7.86
Tubercular Diseases ...	3	1	4	.71
Other Causes ...	45	4	49	8.76
Totals ...	278	43	321	57.41

The number of deaths in the Administrative County from the following diseases was :—

Measles—all ages ...	19
Whooping Cough—all ages ...	27
Diarrhoea—under 2 years of age ...	28

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

COUNTY MEDICAL OFFICER OF HEALTH.

D. Rocyn Jones, C.B.E., M.B., Ch.M., D.P.H., J.P.

COUNTY BACTERIOLOGIST AND PATHOLOGIST.

Gwyn Rocyn Jones, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P.

ASSISTANT COUNTY MEDICAL OFFICERS.

Mary Scott, M.B., Ch.B.

Philomene R. Whitaker, M.B., B.S., D.P.H.

Mary H. M. Gordon, M.B., Ch.B., D.P.H.

Annie Roberts, M.A., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Teresa M. O'Riordan, B.A., M.B., B.Ch., D.P.H.

William Bowen Owen, B.Sc., M.R.C.S., L.R.C.P., D.P.H.

Evelyn D. Owen, M.B., M.R.C.S., L.R.C.P., D.P.H.

William Panes, M.R.C.S., L.R.C.P., D.P.H.

William Rowland Nash, M.R.C.S., L.R.C.P., D.P.H.

Alice M. S. Dewar, M.B., Ch.B., D.P.H.

Bernard Leo MacQuillan, M.B., B.Ch., B.A.O., D.P.H.

A. E. Mathers, M.B., D.P.H.

COUNTY TUBERCULOSIS OFFICERS.

Frank Wells, M.R.C.S., L.R.C.P.,

(West Monmouthshire Area) assisted by

S. H. Graham, M.B., T.D.D.

A. Carveth Johnson, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P.

(East Monmouthshire Area) assisted by

F. W. Godby, M.D., B.Ch., D.P.H.

The Tuberculosis Officers are engaged by the Welsh National Memorial Association, with whom the County Council has contracted for treatment of their Tuberculosis cases.

VENEREAL DISEASES OFFICERS (Part time).

P. C. P. Ingram, M.B., B.S., M.R.C.S., L.R.C.P. (Men's Clinic).

Mary H. M. Gordon, M.B., Ch.B., D.P.H. (Women's Clinic).

All cases of Venereal Diseases are treated at the Royal Gwent Hospital, Newport, with whom the County Council has an agreement therefor.

MEDICAL OFFICERS FOR MATERNITY AND CHILD WELFARE.

All the Assistant County Medical Officers devote a part of their time to the work of Maternity and Child Welfare. In addition the following part time Officers are engaged:—

E. M. Griffith, M.D., Abercarn, Mon.
 Guy W. Parry, M.R.C.S., L.R.C.P., Abergavenny.
 R. J. S. Verity, L.S.A., L.M.S.S.A., Garndiffaith.
 T. Baillie Smith, M.B., Ch.B., D.P.H., Abertillery.
 T. L. Drapes, B.A., M.B., B.Chir., M.R.C.S., L.R.C.P., Chepstow.
 J. Reynolds, M.B., B.Ch., B.A.O., Blaenavon.
 F. M. Fonseca, L.A.H., F.R.C.S.I., D.P.H., Ebbw Vale.
 W. H. Williams, B.A., M.R.C.S., L.R.C.P., Monmouth.
 R. V. de Acton Redwood, F.R.C.S., L.R.C.P., Rhymney.
 E. T. H. Davies, M.D., M.S., F.R.C.S., Tredegar.

MEDICAL SUPERINTENDENTS.

Poor Law Institutions.

(1) Whole time.

John G. Owen, B.Sc., M.B., M.R.C.S., L.R.C.P., D.P.H., Ty Bryn Institution, Tredegar.

(2) Part time.

H. L. S. Griffiths, M.R.C.S., L.R.C.P., Abergavenny Institution.
 J. P. Jenkins, M.R.C.S., L.R.C.P., Coed-y-gric Institution, Griffithstown.
 T. L. Drapes, B.A., M.B., B.Ch., M.R.C.S., L.R.C.P., Chepstow Institution.
 F. H. C. Watson, M.B., Ch.B., Cambria House Institution, Caerleon.
 W. H. Williams, B.A., M.R.C.S., L.R.C.P., Monmouth Institution, Monmouth.

In the cases of the Abergavenny and Monmouth Institutions which have now been closed, the services of Dr. Griffiths and Dr. Williams have been retained for Casual ward cases only.

Mental Hospital, Abergavenny.

N. R. Phillips, M.D., M.R.C.S., L.R.C.P., Medical Superintendent.

CONSULTANTS.

Orthopædic Surgeon (Part Time):

A. Rocyn Jones, M.B., B.S. (Lond.), F.R.C.S. (Eng.).

Ophthalmic Surgeon (Part Time):

R. J. Coulter, M.B., F.R.C.S. (Irel.).

Ear, Nose and Throat Surgeon (Part Time):

J. A. Lee, M.B., F.R.C.S. (Edin.).

Obstetrician (Part Time):

G. I. Strachan, M.D., Ch.B., F.R.C.P., F.R.C.S. (Eng. and Edin.).

DENTAL SURGEONS.

C. J. Hurry Riches, L.D.S., R.C.S. (Part Time).

C. G. Saxon, L.D.S., R.C.S. (Whole Time).

Mair E. Minton, L.D.S., R.C.S. (Whole Time).

Eluned O. Jones, L.D.S. (Whole Time).

J. K. Noot, L.D.S., R.C.S. (Whole Time).

DISTRICT MEDICAL OFFICERS UNDER THE POOR LAW ACTS.

Name.	District.	Name.	District.
Dr. D. C. Pim, Abergavenny.		Dr. E. M. Griffith, Abercarn (Lower)	
„ W. H. Davies, Llanarth.		„ C. G. MacKay, Mynyddislwyn.	
„ J. Reynolds, Blaenavon.		„ G. R. Strong, Magor.	
„ J. H. Verwey, Nantyglo.		„ Cecil E. P. Davies, Bedwas.	
„ F. M. Fonseca, Ebbw Vale.		„ G. E. Hull, Graig & Rogerstone	
„ J. McCaig, Waunllwyd.		„ D. Macaulay, Maesycwmmmer.	
„ A. Franklyn, Cwm.		„ F. H. C. Watson, Caerleon.	
„ J. G. Owen, Tredegar.		„ W. Irwin, Marshfield.	
„ R. V. de Acton Redwood,		„ N. N. Wade, Risca.	
Rhymney.		„ F. Carlton Jones, Llantarnam.	
„ S. R. MacMillan, New Tredegar.		„ H. C. Conwy Joyce, St. Mellons.	
„ B. L. Fishout, Abertysswg.		„ F. H. C. Watson, Christchurch.	
„ W. F. Mulvey, Abertillery.		„ H. A. Keane, Newport (County).	
„ W. McKendrick, Blackwood.		„ J. P. J. Jenkins, Griffithstown.	
„ W. McKendrick, Pengam.		„ R. J. S. Verity, Abersychan	
„ T. J. Davies, Argoed.		(North).	
„ T. L. Drapes, Tintern and		„ J. D. MacQuillan, Abersychan	
Chepstow.		Central and South (Part).	
„ J. J. O'Reilly, Shirenewton.		„ T. J. McAllen, Abersychan	
„ Owen T. Jones, Caldicot.		South (Part).	
„ W. M. Langdon, Raglan.		„ E. L. M. Hackett, Usk, etc.	
„ A. M. Humphry, Skenfrith.		„ T. J. Frost, Llanhilleth.	
„ M. Horan, Trelleck.		„ A. M. Brooks, Beaufort and	
„ P. G. Harvey, Monmouth.		Rassau.	
„ W. H. Williams, Rockfield.		„ K. S. Thom, Dukestown.	
„ M. J. Ryan, Abercarn (Upper).		„ R. V. de Acton Redwood.	
„ B. J. Carlin, Blaina.		Llechryd.	
„ R. W. Scanlon, Six Bells.			

PUBLIC VACCINATORS.

Name.	District.	Name.	District.
Dr. W. F. Waudby Smith,	Christchurch.	Dr. W. T. E. Blackmore,	Llanarth.
„ J. Elgood, St. Woolos.		„ D. W. Fryer,	Abergavenny.
„ M. J. Ryan, Abercarn (Upper).		„ H. L. S. Griffiths,	Abergavenny
„ E. M. Griffith, Abercarn (Lower)		„	Poor Law Institution.
„ C. G. MacKay, Mynyddislwyn.		„ T. J. Frost,	Llanhilleth.
„ (Part).		„ E. L. M. Hackett,	Usk.
„ G. R. Strong, Magor.		„ J. P. J. Jenkins,	Coedygric Poor
„ C. P. Davies, Bedwas.		„	Law Institution and Panteg.
„ G. E. Hull, Graig & Rogerstone.		„ R. J. S. Verity,	Abersychan (N).
„ D. Macaulay, Maesycwmmmer.		„ J. G. MacQuillan,	Abersychan
„ F. H. C. Watson, Caerleon.		„	(Central).
„ W. Irwin, Marshfield.		„ T. J. McAllen,	Pontypool.
„ N. N. Wade, Risca.		„ J. H. Verwey,	Aberystroth (part)
„ F. Carlton Jones, Llantarnam.		„ F. M. Wallen,	Aberystroth
„ H. A. Keane, Malpas.		„	(Part).
„ H. C. C. Joyce, St. Mellons.		„ F. M. Fonseca,	Ebbw Vale
„ W. H. Williams, Monmouth and		„	(Part).
„ Rockfield.		„ J. McCaig,	Ebbw Vale (Part).
„ W. H. Williams, Monmouth		„ A. Franklyn,	Ebbw Vale.
„ Poor Law Institution.		„	(Part).
„ P. G. Harvey, Trelleck.		„ J. Owen,	Tredeggar.
„ W. M. Langdon, Raglan.		„ R. V. de Acton	Redwood,
„ A. M. Humphry, Skenfrith.		„	Rhymney.
„ T. L. Drapes, Chepstow, Shire-		„ S. R. Macmillan,	New Tredeggar.
„ newton and Tintern.		„ L. C. Mascarenhas,	Abertysswg.
„ Owen T. Jones, Caldicot.		„ W. F. Mulvey,	Abertillery.
„ A. Brooks, Beaufort.		„ W. H. Reynolds,	Argoed and
„ A. M. Musgrove, Dukestown		„	Hollybush.
„ and Llechryd.		„ S. R. Macmillan,	Aberbargoed.
„ A. M. Humphry, Grosmont and		„ J. G. Owen,	Bedwellty Poor Law
„ Llangua.		„	Institution, Tredeggar.
„ J. Reynolds, Blaenavon.		„ D. Macaulay,	Blackwood.

VETERINARY SURGEONS (Part Time).

G. Digby Watkins, M.R.C.V.S., Tredeggar.
W. H. Williams, M.R.C.V.S., Abergavenny.
E. Armstrong, M.R.C.V.S., Newport.
C. J. Pugh, M.R.C.V.S., Chepstow.
S. J. Cotton, M.R.C.V.S., Usk.

PUBLIC ANALYST.

G. Rudd Thompson, F.I.C., F.C.S., Newport.

COUNTY SANITARY INSPECTOR.

J. Jenkin Evans, A.R.S.I., M.S.I.A., Inspector of Meat and Other Foods

INSPECTORS UNDER THE SALE OF FOOD AND DRUGS ACTS.

Gwyn C. Jenkins (Board of Trade Certificate).

T. R. Davies, ditto.

J. R. Gamble, ditto.

Each of the above Inspectors has an assistant.

VACCINATION OFFICERS.

Name.	District.	Name.	District.
R. H. Green,	Caerleon & Trelleck.	G. E. Coombe,	Abergavenny,
E. Rowland,	Mynyddislwyn.		Llanarth, Llanfihangel
J. Morgan,	Blaenavon.		Crucorney.
A. Phillips,	Abertillery, Ebbw	A. E. M. Spencer,	Pontypool.
	Vale, Tredegar, Rhymney,		Panteg.
	Beaufort.	H. C. Davies,	Usk.
J. Jenkins,	Llanhilleth.	E. J. Winstone,	Rogerstone,
			Llantarnam, St. Woolos,
			Monmouth, Chepstow.

INSPECTRESS OF MIDWIVES.

Dr. Mary Scott (M.B., Ch.B.), Chief Inspectress of Midwives.

Nurses O. Griffiths, K. M. Walters and C. Davies have been appointed District Inspectresses of Midwives to which work they devote 2 days per week.

INSPECTRESS UNDER THE MENTAL DEFICIENCY ACTS for the Eastern portion of the County, After-care Sister (Orthopædic Scheme), and Infant Protection Officer.

Miss Olwen Griffiths, Special Training in After-Care Orthopædic Nursing and Mental Deficiency Work. Fever Hospital and General Training C.M.B.

INSPECTRESS UNDER THE MENTAL DEFICIENCY ACTS for the Western portion of the County. Miss D. James, Full Hospital Training, C.M.B., and special training in Mental Deficiency work.

VENEREAL DISEASES INQUIRY OFFICER.

Miss E. M. Walters, Special Training in V.D. Work and General Hospital Training. C.M.B.

ORTHOPAEDIC CLINIC MASSEUSE AND SISTER-IN-CHARGE.

Miss Gwenyth Dudley Evans, Registered and Certificated in Massage and Medical Electricity, C.S.M.M.G.

MEDICAL OFFICERS IN CHARGE OF ANTE-NATAL CLINICS.

Mary Scott, M.B., Ch.B. (Part Time).

Philomene R. Whitaker, M.B., B.S., D.P.H. (Part Time).

Mary H. M. Gordon, M.B., Ch.B., D.P.H. (Part time).

SCHOOL MEDICAL OFFICERS.

All the Assistant County Medical Officers, with the exception of Dr. Mary Scott, devote a part of their time to the work of School Medical Inspection.

NURSING STAFF.

County Health Visitors :

T. M. Allan (Part time), Full Hospital Training. Sanitary Inspectors' Certificate.

D. L. Beacham, Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.

O. Colman, Full Hospital Training, C.M.B. Certificate.

C. Davies, ditto ditto

R. Davies, ditto ditto

E. Fisher, Full Hospital Training, C.M.B. Certificate, and Health Visitors' Certificate.

G. I. Golding, Full Hospital Training, C.M.B. Certificate.

E. M. Harris, Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.

C. I. Hiley, Full Hospital Training and C.M.B. Certificate.

A. W. Hopkins, Full Hospital Training and C.M.B. Certificate.

L. D. Howell, Full Hospital Training, C.M.B. Certificate, and Health Visitors' Certificate.

D. James, Full Hospital Training and C.M.B. Certificate.

M. B. James, ditto ditto

H. M. Jones, Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.

I. E. Jones, Full Hospital Training and C.M.B. Certificate.

K. H. Jones, Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.

K. M. Jones, Full Hospital Training and C.M.B. Certificate.

W. Jones, ditto ditto

C. M. Lloyd, Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.

E. Lord, Full Hospital Training and C.M.B. Certificate.

E. I. Lowery, Full Hospital Training, C.M.B. Certificate and Health Visitors' Certificate.

E. A. Morgan, Full Hospital Training and C.M.B. Certificate.
 H. A. Morgan, ditto ditto
 M. A. Payne, Full Hospital Training, C.M.B. Certificate and Health
 Visitors' Certificate.
 C. M. Phillips, Full Hospital Training, and C.M.B. Certificate.
 M. Pulsford, Full Hospital Training, C.M.B. Certificate and Health
 Visitors' Certificate.
 M. Redwood, Full Hospital Training, and C.M.B. Certificate.
 A. Roberts, Full Hospital Training.
 M. Sainsbury, Full Hospital Training and C.M.B. Certificate.
 D. E. Seale, Full Hospital Training, C.M.B. Certificate and Health Visitors'
 Certificate.
 A. M. Spencer, ditto ditto
 C. Thomas, ditto ditto
 L. Turner, Full Hospital Training and C.M.B. Certificate.
 K. M. Walters, ditto ditto
 M. Ware, ditto ditto
 G. M. Watkins, General Hospital Training, C.M.B. Certificate and Health
 Visitors' Certificate.
 K. Webb, Full Hospital Training and C.M.B. Certificate.
 F. Williams, ditto ditto
 E. G. Wilmot, ditto ditto

LABORATORY FACILITIES.

Facilities are offered to all medical practitioners in the County for bacteriological examinations at the County Laboratory, County Hall, Newport, and the services of the Pathologist and Bacteriologist are available for assistance which may be required in the diagnosis of disease. These facilities have been of great assistance to the practitioners of the County and the benefits offered have been made use of to the fullest extent. The following table shows the number of specimens examined at the Public Health Laboratory during the year 1934 and also in the year 1933. The majority of the sputum tests were conducted for the Welsh National Memorial Association, whilst Venereal Diseases specimens, for the most part, came through the Treatment Centre at the Royal Gwent Hospital, Newport.

The figures are this year presented in more detail than in previous years, and as a result it has not been possible in some cases to put figures for previous years by this year's figures for comparison.

Table showing nature of specimens submitted for examination and the results thereof:—

Nature of Specimen.		1934.			1933.		
		No. Pos.	No. Neg.	Total Exm'd.	No. Pos.	No. Neg.	Total Exm'd.
Bacteriological Specimens.	Wassermann Test for Syphilis ...	595	1881	2476	968	1454	2422
	Complement Fixation Test for Gonorrhea	202	331	533	—	—	—
	Smears and Urines for Gonococcus ...	341	2288	2629	512	1636	2148
	Serum for Spiroemia Pallidum ...	13	46	59	36	54	90
	Sputum—						
	For Tuberculosis Physicians for T.B.	419	1134	1553	428	1251	1679
	County Cases for T.B. ...	53	432	485	63	397	460
	Concentration Method for T.B. ...	—	—	—	—	—	—
	For Cultivation as well as T.B. ...	—	—	25	—	—	1
	Throat, Nasal and Ear Swabs for						
	Diphtheria ...	2098	12520	14618	910	7018	7928
	Cerebro-Spinal Fluid ...	—	—	60	—	—	53
	Widal Reaction for Typhoid Fever, etc.	8	63	71	2	37	39
	Hairs for Ringworm ...	8	15	23	7	14	21
	Secretions from Eye ...	—	—	29	—	—	—
	Urine (complete examination) ...	—	—	188	—	—	159
	Pus ...	—	—	93	—	—	82
	Effusion ...	—	—	37	—	—	24
	Vaccine ...	—	—	52	—	—	40
	Blood Culture ...	—	—	31	—	—	—
Pathological Examinations.	Miscellaneous ...	—	—	523	—	—	—
	Urine ...	—	—	333	—	—	319
	Blood Count ...	—	—	228	—	—	120
	Autopsy ...	—	—	26	—	—	22
	Cerebro-Spinal Fluid ...	—	—	64	—	—	27
	Blood Grouping ...	—	—	17	—	—	—
	Tissue for Microscopical Examination ...	—	—	98	—	—	113
	Blood Sugar Examination ...	—	—	48	—	—	—
	Blood Urea Examination ...	—	—	15	—	—	—
	Urine-Sugar Examination ...	—	—	72	—	—	—
	Urine-Urea Examination ...	—	—	64	—	—	—
	Test Meal ...	—	—	19	—	—	—
	Miscellaneous ...	—	—	234	—	—	—
	Water for Bacteriological Examination	—	—	49	—	—	46
	Water for Bacteriological and Chemical Examination ...	—	—	51	—	—	50
Water and Milk Supplies.	Milk—						
	Retail Roadside Samples ...	—	—	171	—	—	474
	Graded Samples ...	—	—	43	—	—	
	For Chemical Examination ...	—	—	37	—	—	
	In connection with T.B. investigations at farms ...	—	—	180	—	—	474
	Miscellaneous Milk Samples ...	—	—	188	—	—	
	Miscellaneous ...	—	—	1	—	—	—
	Animal Inoculations ...	—	—	428	—	—	216
General Miscellaneous ...		—	—	—	—	—	450
Total ...		—	—	25851	—	—	16983

The County Pathologist reports that :—

The total number of specimens examined in the County Laboratory during the year 1934 shows an increase of 8,868 as compared with the year 1933. This is almost entirely due to an increase in the number of Diphtheria swabs examined from the areas where immunisation has now been carried out by Dr. W. R. Nash during the year, but there has been an increase of 1,548 examinations of other kinds.

Under the Venereal Group, the number of exudates from sores yielding a positive result for the *Spironema Pallidum* is 13, as compared with 36 for 1933. Of these 13 cases, 12 were males and 1 was a female.

The figures for Gonorrhoeal smears and urines show an increase in numbers examined, but with a considerably smaller number of positive findings compared with the year 1933.

Pulmonary Tuberculosis, it is regrettable to note, continues its ravages. A smaller number of specimens have been submitted for examination in 1934 than in 1933, but there is about the same number of positive results.

As regards Diphtheria, during 1934, the notifications were 835, as compared with 459 in 1933 and 478 in 1932, an increase in the incidence of the disease compared with last year.

MILK.—The Milk examinations were continued during 1934, the object of the investigations being not so much as to determine the quality of the milk in regard to its chemical composition—a line of work which properly belongs to the County Analyst's Department, and which is dealt with under the Sale of Food and Drugs Acts—but to ascertain by bacteriological methods the degree of cleanliness and wholesomeness of the milk at the time of its being sold to the consumer.

The examinations undertaken in the case of each sample have been :—

1. The enumeration of the total number of bacteria.
2. The estimation of the B. Coli content.
3. The microscopical examination of the centrifugalised deposit for the detection of starch granules, gross particles of dirt, pus, blood, etc.
4. The microscopical examination of the cream and centrifugalised deposit for Tubercle Bacilli.
5. Cultural examination for Diphtheria, Typhoid, Paratyphoid, and Dysentery bacilli.
6. Guinea pig inoculations for the detection of B. Tuberculosis.
7. In addition, the common antiseptics were always tested for qualitatively, as naturally the presence of any of these bodies would have had an influence on the bacterioscopic picture. These were never found.

619 samples of milk were examined during 1934, as compared with 474 in 1933, which shows a marked increase in the number of samples examined. Of these, 171 were "retail roadside samples" as compared with 301 in the previous year. This decrease in the number of roadside samples is due to the fact that Tubercle bacilli were found in a larger number of samples than last year, with the result that investigations at farms were more numerous. From the results obtained these 171 milks can be classified as follows:—

- | | |
|--|----|
| 1. Those which conform to the standard laid down by the Ministry of Health for "Certified Milks" | 10 |
| 2. Those which conform to the standard laid down for Grade " A " Milks | 75 |
| 3. Those which conform to the standard laid down for " Grade A " milk as regards the total number of bacteria but contain B.Coli in 1/100cc though not in less | 21 |
| (This group would constitute borderline cases). | |
| 4. Those which are unsatisfactory in that they possess a high bacterial content (this in several cases numbering many millions), but are satisfactory in respect of their B.Coli content | 18 |
| 5. Those which are unsatisfactory because of the high B.Coli content, though not containing more than 200,000 bacteria per cc | 4 |
| 6. Those which are unsatisfactory on account of the high bacterial content as well as a high B.Coli content | 43 |

Therefore, of the 171 samples of mixed milk as retailed to the consumer, 85, or approximately 50 per cent. were of a satisfactory standard of bacteriological purity; 21, or approximately 12 per cent. formed a borderline group, whilst 65, or approximately 38 per cent. were frankly unsatisfactory.

The percentage of milk samples showing a satisfactory standard of bacteriological purity is about the same as last year. This is to be attributed to the fact that the production of Grade "A" and Grade "A" (Tuberculin Tested) Milk by some of the vendors is setting up a competition which is all for the good of the public, and also to the wise policy which this Department has now been following for some years, viz., of having periodical milk samples collected from certain districts in the County.

In no instance were the bacilli of Diphtheria, Typhoid, Paratyphoid or Dysentery isolated, whilst with respect to the bacillus Tuberculosis, this was discovered on 5 occasions by means of the animal inoculation test. The farms implicated were visited by the County Sanitary Inspector, County Veterinary

Surgeon and officials of the Local Authority, and the animals in each instance identified, removed from the herd, and dealt with satisfactorily.

More farms were visited in the year 1934 than in the year 1933 in connection with the special investigations necessitated for the detection of Tubercle Bacilli in samples of milk. The total number of investigations carried out at farms for Tuberculosis of cattle was 12, the number of farms visited being 29. From these investigations, 180 milk samples were examined as compared with 54 for 1933.

As a result of having the new room for laboratory animals, which was provided at the end of last year, there is now ample accommodation for present demands, and there should be adequate accommodation for future requirements for a type of work which appears to be increasing.

The County Laboratory also undertakes on behalf of the Ministry of Health the monthly examination of samples sold under the designation of " Certified " and " Grade A " (Tuberculin Tested), for which the Ministry pay the Council the recognised statutory fee. In addition, the County Council itself has the control of the sale of " Grade A " milk, in connection with which samples are likewise examined periodically.

The laboratory carries out bacteriological and chemical examinations of drinking water and there has been a slight increase in such examinations in 1934 as compared with the year 1933.

In 1934, the total number of Autopsies carried out at the request of the Coroner was 26. Of these, eight were performed on miners who had died directly as the result of Silicosis of the lungs, and who had been employed for long periods on hard ground boring—one occurred at each of the following places: Pontypool, Blackwood, Machen, Trinant, Oakdale, Aberbeeg, Cwm-felinfach and Crumlin. Two showed evidence of Tuberculosis. The question of Silicosis continues to engage the earnest attention of the Government Mines Department, the Colliery Owners, and the Miners' Organisations, who are doing their utmost to introduce safeguarding devices (such as special respirators, dust traps, etc.), with a view to protecting their workmen and so mitigating as far as possible the evil consequences of working on ground containing a high percentage of Silica.

Of the 98 tissues for section, 20 are grouped as malignant growths, 17 were cancers of various regions of the body, such as breast, uterus, intestine, skin, etc., and 3 were sarcomas. There were 4 Tubercular and 1 Rodent Ulcer.

428 experiments were carried out on animals under 39 and 40 Vic. Cap. 77, Certificate A 1, licence for which has been granted to me by the Home Secre-

tary. 305 inoculations were carried out for the detection of B. Tuberculosis, and 70 for Virulence Tests for Diphtheria. These were reported to the Home Secretary on 31st December, 1934.

During the year a number of persons volunteered to give their services as donors for Blood-Transfusion. The blood-grouping was carried out at the Laboratory, and in co-operation with the British Red Cross Society and the Hospitals in Newport, it was possible to establish the nucleus of a Blood-Transfusion Service.

NURSING IN THE HOME.

No arrangements for home nursing are made by the County Council.

There are Nursing Associations in the following districts, which maintain nurses by voluntary subscriptions :—

Newbridge	Devauden	Llantilio Pertholey
Tredegar.	Risca	Crosskeys
Panteg	Ebbw Vale	Cwm
Aberbargoed	Abersychan	Rhymney
Goytre	Abergavenny	Christchurch
Llanfrechfa Lower	Llanover	Usk
Llantilio Crossenny	Llangattock-vibon-avel	Blackwood
Pontypool	Abercarn	Caerleon
Monmouth	Trelleck	Tintern

General and tuberculosis nursing is undertaken, with the addition of mid-wifery in some districts.

The home nursing of infectious diseases, is not carried out in any district of the County as a general practice, but has been resorted to in exceptional circumstances.

AMBULANCE FACILITIES.

(a) For infectious cases :—

The County Council has an Ambulance which was used chiefly during the year for the purpose of removing Public Assistance cases to Hospitals and Institutions, and also for the removal of special cases of infectious disease.

The Newport Borough Ambulance is available upon terms for the County cases which are admitted to the Borough Isolation Hospital. Ambulances are in use at the Isolation Hospitals of the Bedwellty, Tredegar and Monmouth Urban District Councils.

(b) For non-infectious and accident cases :—

All the collieries within the County maintain ambulances which are used for colliery accident cases and under certain arrangements for the transport to hospital of dependants of the workers.

Motor Ambulances are also available at the District General Hospitals, while at Monmouth there is a town ambulance available through the generosity of the local division of the British Red Cross Society.

There is a motor ambulance, the property of the Bedwas and Machen Urban District Council, which is kept for general use in that district.

The motor ambulance of the Joint Committee of the Order of St. John and the British Red Cross Society, which is kept at Crosskeys is available for use anywhere in the County for non-infectious and accident cases.

A scheme is now under consideration for the provision of ambulance facilities for accident cases occurring within the County. This will be reported upon fully in the report for 1935.

CLINICS AND TREATMENT CENTRES.

The County Council has established 43 Maternity and Child Welfare Centres in the County and 16 Ante-Natal Clinics. Full details are given in the County Maternity and Child Welfare Report.

The County Education Committee has provided 10 School Clinics, details of which are set out in the School Medical Inspection Report.

There are no day nurseries in the County.

The Tuberculosis Visiting Stations are detailed later in this Report.

There is one Treatment Centre for Venereal Diseases—at the Royal Gwent Hospital, Newport, details of which will be found later in this Report.

The County Council has established three Clinics for the treatment of Orthopædic cases, one at Newport, one at Pengam, and one at Crumlin. The Central Orthopædic Clinic is at Newport, at which massage, electrical treatment, and remedial exercises are given.

HOSPITALS.

Full details of the Hospital Services, Public and Voluntary, has already been given in the Survey Report for 1930. No change of any note has taken place since that year, but minor alterations and increased accommodation has been effected in certain of the Hospitals.

LOCAL GOVERNMENT ACT, 1929.—Detailed information regarding the transferred Poor Law Institutions arising from the Survey of the Institutions within the Administrative County of Monmouth, and dealing more especially with the Institutional accommodation available for the sick inhabitants of the area was included in the Annual Report for the year 1930. The administration of this service is supervised by the County Medical Officer of Health.

Several of the suggestions and recommendations contained under this heading in the 1930 Report have now been put into operation.

In the case of the Monmouth Poor Law Institution, these premises, with the exception of the Casual Wards, have now been closed.

With regard to the Abergavenny Institution, these premises, with the exception of the Casual Wards, have been closed.

No official consultation has as yet taken place between the County Council and the representatives of the Voluntary Hospitals providing services in the County. This conference will, as already stated, take place as soon as the question of the mental deficient at Coedygric Institution is settled.

INSTITUTIONS MAINTAINED BY THE COUNTY COUNCIL UNDER THE POOR LAW ACT, 1930.

	Hill House, Monmouth.	Coedygriaf Institution Griffithstown	Hatherleigh Place, Abergavenny.	Regent House, Chepstow.	Cambria House, Caerleon.	Ty Bryn, Institution, Tredegar
	Beds. Available.	Beds. Occupied.	Beds. Available.	Beds. Occupied.	Beds. Available.	Beds. Occupied.
	M. F. Ch. M. F. Ch.	M. F. Ch. M. F. Ch.	M. F. Ch. M. F. Ch.	M. F. Ch. M. F. Ch.	M. F. Ch. M. F. Ch.	M. F. Ch. M. F. Ch.
1 Medical
2 Surgical
3 Chronic Sick
4 Children	9	...	6
5 Venereal
6 Tuberculosis
7 Isolation	2	...	6
8 Maternity
9 Mental
(a) Lunacy Act 1890
(i) Short stay
(ii) Long Stay
(b) Mental Treatment Act, 1930
(i) Voluntary
(ii) Temporary
10 Mental Defectives
11 Other
Total

POOR LAW MEDICAL OUT RELIEF.

A table showing the medical out-relief districts in the Administrative County was included in the Report for the year 1930. A decision has not yet been made in regard to the proposed re-organisation of out-relief districts.

The association of the Public Health Department with public assistance work continues to grow and much time is devoted to the provision of facilities for special medical out-relief.

The services of Mr. A. Rocyn Jones, F.R.C.S., Consultant Orthopædic Surgeon, have been retained for the examination of referred cases and in-patient treatment, when advised, is provided at the Prince of Wales Hospital, Cardiff.

Dental and defective vision cases are properly dealt with and examinations of patients for trusses, abdominal belts, etc., etc., are made by the County Medical Officer.

The County Ambulance is available for the transfer of medical and surgical cases to hospital, etc.

Consultations with Consultant Eye, Ear and Skin Specialists are arranged when necessary, also X-ray examinations of special cases.

The cases dealt with through the Health Department in the year 1934, were as follows :—

The other figures are given for the purpose of comparison.

Nature of Case.	No. of cases dealt with.			
	1934	1933	1932	1931
Dental 	217	92	63	32
Vision 	263	171	122	70
Trusses, Abdominal Belts 	57	53	33	18
Orthopædic 	38	25	24	22
Miscellaneous Medical 	47	34	29	12
Tuberculosis Cases 	Nil	Nil	3	Nil
Examinations by County Medical Officer as to fitness for appointment as Nurses at Public Assistance Institutions 	31	17	5	—
Number of cases removed to Hospital and Institutions by the M.C.C. Ambulance	36	70	28	18

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

The incidence of mental deficiency in the County is as follows:—

	Under 7 years.			7—16 years.			16—30 years.			Over 30 years.			Grand Totals.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Idiots	2	2	4	4	7	11	6	5	11	1	2	3	13	16	29
Imbeciles	6	6	12	28	22	50	32	43	75	11	31	42	77	102	179
Low Grade Feeble- minded ... ..	...	...	...	4	3	7	31	35	66	12	43	55	47	81	128
Medium Grade Feeble- minded ... ..	...	...	...	...	...	...	33	43	76	17	28	45	50	71	121
High Grade Feeble- minded ... ..	...	...	...	...	...	...	68	45	113	27	18	45	95	63	158
Moral Defectives ... ..	...	...	...	1	1	2	4	6	10	...	1	1	5	8	13
Epileptics and Mentally Defectives ... ..	...	...	...	1	1	2	7	15	22	5	11	16	13	27	40
Epileptic only ... ..	...	...	...	...	...	...	2	2	4	2	1	3	4	3	7
Totals	8	8	16	38	34	72	183	194	377	75	135	210	304	371	675

N.B.—This table does not include the defectives who are at Certified Institutions, but it includes 35 males and 27 females who are detained at the County Mental Hospital.

There are 18 males and 11 females over 16 years of age, referred by School Medical Inspectors, awaiting examination for classification.

Included in the statement of defectives on page 24 are 11 males and 3 females which have been under institutional care and have been discharged with their condition improved.

There are four defectives under guardianship, all males. One female defective was discharged from guardianship during the year, and one male defective was transferred from a certified institution to guardianship.

One male defective (who is at Abergavenny Mental Hospital) is on extended leave of absence from Brentrey Colony. Another male defective has been given leave of absence preparatory to being placed under guardianship.

There was one death at a Certified Institution.

At the present time there are no children at special schools for mental defectives. Accommodation for these cases is very difficult to obtain.

The following school children were transferred to the Mental Deficiency Committee during the year.

The position in regard to the availability of institutional accommodation remains the same. Brentry Colony and Coedygric Certified Institution respectively took all the urgent male and female defectives over 18 years of age for which vacancies were sought. Application was made to 73 institutions for the admission of low grade cases, but without success.

The admissions to institutions during the year were as follows:—

					Males.	Females.
Brentry Colony	...	...	...	...	2	—
Coedygric Institution	...	...	...	...	—	8
Barvin Park	...	...	...	...	1	—
					<hr/>	<hr/>
					3	8
					<hr/>	<hr/>

The Mental Deficiency Committee has considered a scheme for the use of the Huts at Ty-Bryn Institution for temporary accommodation of active old male defectives of medium and low grade.

The Board of Control has caused the huts to be inspected and has made certain observations. Further consideration of the matter has been deferred pending an inspection of Cambria House Institution, Caerleon, with a view to its suitability for mental defective purposes.

The following table shows the institutional accommodation available and in use at the end of the year for defectives from the Administrative County:—

Name of Institution.	Type of Defective.	No. of beds available.		No. of beds occupied on 31/12/33		Total.	Pre-sent charge per head per week
		M.	F.	M.	F.		
Brentry, Bristol	All classes (males over 18).	46	...	46	...	46	23/4
Coedygric, Griffithstown	All classes (females over 16 years).	...	55	...	59	59	20/6
Etloe House, Leyton	F.M. Roman Catholic Girls (over 16 years).	as vacancies arise		...	1	1	17/-
House of Help, Bath.	Fallen F.M. Girls (Moral Defectives up to 26 years of age).	...	do.	...	2	2	15/-
Stoke Park Colony.	All classes under the Act (Under 16 years of age).	...	do.	12	19	31	22/2d. Low Grade. 18/8d. High Grade
Caersws Certified Institution, Montgomeryshire.	All classes (females), under 14 years.	...	do.	...	2	2	23/4d.
Princess Christian Farm Colony, Hildenborough.	All classes (children).	...	do.	1	...	1	16/-
Besford Court, R.C.	Males 16-18 years.	...	do.	2	...	2	24/7d.
Barvin Park Institution	Males.	...	do.	2	...	2	23/6
Durran Hill R.C. Training Colony	All classes.	...	do.	...	1	1	17/-
Northam Colony, Almondsbury	Special Cases	...	do.	1	...	1	37/6
Total		...	...	64	84	148	

The amount paid for institutional treatment during the year 1934, was £8,199 12s. 0d.

MIDWIVES.

The number of Midwives upon the County Roll at the 31st December, 1934, was 241. Full particulars are given in the County Maternity and Child Welfare Report for the year 1934.

MATERNAL MORTALITY.

Full particulars respecting Maternal Mortality will be found in the County Maternity and Child Welfare Report for 1934.

HEALTH VISITING.

This matter is dealt with fully in the County Maternity and Child Welfare Annual Report for 1934.

CHILDREN ACT, 1908.

Particulars regarding this work will also be found in the County Maternity and Child Welfare Report for 1934.

ORTHOPAEDIC TREATMENT.

Full details of the scheme in operation for the treatment of School children will be found in the County Education Annual Report for the year 1934. The treatment of children under the age of 5 years is dealt with in the County Maternity and Child Welfare Annual Report for the year 1934.

The orthopædic treatment facilities have been extended to adult cases, and arrangements have been made for the attendance of Mr. A. Rocyn Jones, F.R.C.S., at the Central Orthopædic Clinic, Newport, one day per month, where cases are examined by him. Visits to special cases are also made when requested.

The services of the specialist are also available for Public Assistance cases.

The cost of hospital treatment is recovered from patients according to a scale which has been made by the County Council.

HOSTEL FOR UNMARRIED MOTHERS.

The Maternity Home and Hostel at Nantyderry continues its good work. There are 10 beds at the Institution, and the number of girls admitted during the year, 21st March, 1934—1st April, 1935, was 13, the average duration of stay being 95 days. Eleven babies were born. The total number of inmates during the year (including those who were admitted in the previous year) was 17 girls and 11 babies.

Twelve girls were discharged, of whom 6 went to relatives and 5 to Homes. Of the babies discharged, 4 went with relations, 1 to a Home, 2 were adopted, and 1 died.

Of the 13 girls resident in the Hostel during the year, 3 were from the Borough of Newport, 5 from the County of Monmouth, 4 from Glamorganshire, and 1 from Radnorshire.

The object of the Hostel is to make provision during pregnancy and confinement for unmarried women who have borne good characters, but were expecting a first baby, thus giving them the chance of privacy which they could not secure in a public institution and enabling them to preserve their self respect.

Generally, the girls are admitted one month before their confinement and remain for three months after the birth of the child. As far as possible the mother and child are not separated for at least the first three months of the infant's life.

During their stay at the Hostel the mothers are trained to undertake some useful work when they leave and arrangements are made when necessary for the boarding out of the baby.

The work at Nantyderry is carried out economically and on practical lines and the results justify the vast amount of time given to it by the Committee and the Honorary Secretary, Lady Mather Jackson.

MATERNITY AND NURSING HOMES.

The Nursing Homes Registration Act, 1927, came into operation on the 1st July, 1928. This act repeals certain parts of the Midwives and Maternity Homes Act, 1926, which came into operation on the 1st January, 1927. The new Act provides for the Registration and the inspection of Nursing Homes, and the making of Bye-Laws. The County Council is the supervising Authority under the Act. The following schedule is submitted in accordance with the Circular received from the Ministry of Health :—

No. of Homes registered	...	...	...	...	...	6
No. of orders made refusing or cancelling registration						Nil
No. of appeals against such Orders	...	...	...			Nil
No. of cases in which such Orders have been :—						
(a) Confirmed on appeal, and	...	...	...			Nil
(b) Disallowed	...	...	...	...	...	Nil
No. of applications for exemption from registration	...					9
No. of cases in which exemption has been—						
(a) Granted	...	...	...	...	...	9
(b) Withdrawn	...	...	...	...	...	Nil
(c) Refused	...	...	...	...	...	Nil

The Homes Registered are situated as follows :—One at Tredegar (Maternity and Nursing), one at Nantyderry (Maternity), one at Tref-ap-Gwilym, Cardiff Road, Newport (Maternity), one at Highfield, Bassaleg (Nursing), one at Hereford Road, Abergavenny (Maternity), and Rosslyn Nursing Home, Newport.

Bye-Laws have been made by the County Council in respect of Nursing Homes, and these were allowed by the Minister of Health in November, 1928. The Bye-Laws deal with the keeping of Registers under the Act, the notification of infectious diseases and the notification of births and deaths at the Institutions.

The Act provides for exemption of certain Hospitals and Institutions, but the exemption shall only remain in force for one year from the date on which it is granted. Exemptions were granted during the year 1934 in respect of the following Hospitals :—

Monmouth Hospital, Monmouth; Tredegar Park Cottage Hospital; Ebbw Vale and District Voluntary Hospital, Pontypool and District Hospital, Cefn Ila Convalescent Home, Usk; Ebbw Vale Hospital. Abergavenny and District Hospital, Aberbeeg, Blaina and District Hospital, Nantyglo and Chepstow and District Hospital.

Powers of inspection are granted to the County Medical Officer, and are carried out by Dr. Mary Scott, who has been appointed Inspectress of these Maternity and Nursing Homes.

There were no applications made to the County Council for the delegation of their powers to a District Council under Section 9 (2) of the Act of 1927.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.

From the accompanying table it will be seen that the rainfall for the year 1934, although higher than that for 1933, was still below the average. Precautionary restrictive measures were adopted in some areas so as to conserve the water supply.

The Medical Officer for St. Mellons Rural District reports that the water supplies of the District are obtained from (a) Newport Corporation Supply, (b) their own Reservoir at Castleton, (c) Cardiff City Water Supply, (d) small reservoirs provided by land owners, e.g., Tredegar Estate, (e) for isolated farms and houses, wells and springs. The populous centres of the area are now provided with an adequate and satisfactory piped water supply, as indicated in previous Reports. There have been no indications of any serious shortage of water for

RAINFALL.

Appended is a table giving the rainfalls in inches in various localities in the County during the year under review, and also for a series of past years.

Name of place at which records were taken.	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
Abergavenny ...	37'92	33'35	37'28	31'04	47'87	23'79	33'19	40'37	49'17	41'50	35'22	43'48	43'09	46'47	46'07	—	39 10	28'24	37'01
Abersychan, Glansyechan House ...	63'85	52'38	56'93	51'84	69'10	38'98	56'47	63'37	70'40	60'54	53'93	67'86	64'44	62'83	66'69	58'51	61'32	42 97	55'53
Abertillery ...	63'24	52'91	58'79	49'1	71'24	40'99	52'47	55'75	71'19	60'79	54'67	63'82	62'87	62'96	67'37	62'75	63'70	48'88	56'94
Chepstow, The Cedars	46'07	32'81	36'9	37'54	42'12	23'55	37'85	35'85	49'28	38'00	35'31	44'00	44'55	40'42	Not taken	taken	Not taken	Not taken	Not taken
Cwncarn (Twynearn House) ...	—	—	—	47'4	64'15	33'91	49'16	51'83	67'58	52'39	45'30	56'99	56'99	58'92	62'13	54'56	53'93	30'63	51'03
Ebbw Vale	63'10	50'02	61'69	48'84	75'21	43'11	54'51	53'17	68'36	56'49	52'71	65'85	72'55	76'30	72'85	65'92	73'67	51'83	65'75
Henllys, Pantyreos Reservoir ...	59'85	46'59	59'74	50'02	63'93	37'57	55'64	58'26	74'91	55'56	51'20	63'07	69'42	65'10	64'46	58'26	59'19	40'22	53'10
Little Mill, nr. Pontypool ...	54'79	39'23	40'06	44'9	46'26	25'94	27'42	50'21	50'24	50'25	36'0	43'46	43'007	43'48	50'24	—	—	—	—
Ynysfro nr Newport	—	—	—	—	—	—	—	—	—	—	—	—	46'67	40'90	42'59	38'42	40'32	28'70	34 74
Nantyrpydd nr. Newport	—	—	—	—	—	—	—	—	—	—	—	—	51'70	48'04	46'63	43'38	45'07	30'46	39'22
Pontypool, Snatchwood Park ...	61'64	51'33	56'68	51'84	69'10	37'57	57'83	63'42	72'62	60'21	56'53	69'08	Not taken	taken	Not taken	taken	Not taken	taken	Not taken
Tredegar, Redesdale House	47'01	41'95	50'44	40'8	51'70	27'49	45'82	60'73	65'67	57'02	52'45	62'86	59'08	54'83	63'21	56'79	49'39	42'59	57'36
Wentwood, Newchurch	47'38	40'07	47'6	43'26	49'85	29'33	47'22	45'04	62'26	47'34	44'29	53'83	54'04	50'03	49'41	43'88	46'09	32 26	40'39
Gathering Ground	47'38	40'07	47'6	43'26	49'85	29'33	47'22	45'04	62'26	47'34	44'29	53'83	54'04	50'03	49'41	43'88	46'09	32 26	40'39
Wentwood Reservoir	44'50	37'22	43'67	41'14	46'13	25'71	42'52	41'88	57'16	41'47	39'32	46'24	46'41	44'41	42'50	40'25	42'44	27'94	35'84
Llanvaches	44'50	37'22	43'67	41'14	46'13	25'71	42'52	41'88	57'16	41'47	39'32	46'24	46'41	44'41	42'50	40'25	42'44	27'94	35'84

domestic consumption in any of the populous and residential centres of the St. Mellons Rural District requiring to be dealt with by special emergency measures. Prolonged dry weather conditions would, however, cause serious hardship to the occupiers of farm premises and cottages in the out-lying parts of the St. Mellons Rural District where piped water supplies from the Local Authorities' Water Mains are not available, and where the house-holders are now dependent upon a depleted domestic water supply from springs and wells, some of which dry up quickly. Reference is again made to the need for more satisfactory piped water supplies for the undermentioned houses at present obtaining their supplies from shallow wells, springs, etc., which in most cases are some considerable distance from the houses :—

1. In an outlying portion of the Parish of Rogerstone (Derwallt Area), 16 Houses.
2. In the northern portion of the Parish of Henllys, comprising 26 houses and a small elementary school.
3. At Michaelstone, 6 houses and a small school.
4. Allteryn, St. Woolos, 8 houses on Canal side.
5. At St. Mellons (4 houses on the Melville Estate and 2 Melrose Cottages).

The foregoing are still under consideration by the Council with the view to the provision of adequate piped water supplies for these premises.

Regarding the Magor Rural District, the Medical Officer reports that the water supply is satisfactory as regards quality and quantity. Some residents near the water mains have not yet had the water laid on to their premises. As a result of the dry season a few cases were reported of shortage of water supply from the wells, but in the district as a whole there was no cause for anxiety. No analysis of water from the pipes has been made in 1934. It is hoped to get an improved supply for Magor and Redwick in the near future. The supply has been defective due to low pressure and deposit in the pipes.

Further samples of water have been taken in the Monmouth Rural District during the year for the purpose of improving, if possible the supplies to the various villages. Regarding the village of Llanishen the present well supply still proves to be unsatisfactory, and the suggested arrangement for a supply from the adjoining Rural District of Chepstow has not been agreed upon. A new scheme is now being investigated, the water being obtained from a spring which has been proved satisfactory upon bacteriological examination. This water will be pumped by an automatic ram into delivery mains, and it is expected will be sufficient to meet the needs of the whole village. An application has been made to the Ministry of Health for sanction to proceed with this scheme and a Public Enquiry held, at which no local opposition to the scheme

was put forward. The Council has received the approval of the scheme which will be proceeded with immediately.

The scheme of the Chepstow Rural District Council for the supply of water to Devauden and the surrounding high level districts which was completed in 1931, is proving in every way satisfactory, even during the abnormal period of drought recently experienced.

The Medical Officer of the Abergavenny Rural District reports that while the prolonged drought necessitated continuous vigilance over the public water supplies none of them gave any serious cause for alarm, and in only a few cases was any form of rationing required. Though no emergency measures were needed, the improvement and augmentation of existing supplies continued as usual. In the case of all projected new sources and of existing supplies that have aroused suspicion, bacteriological and chemical examinations have been obtained. In all 18 samples have been sent to the Laboratory of which 8 have been unsatisfactory. Particulars of some of the improvements are here given.

Llanwenarth Ultra. The upper part of the village of Govilon is now served from the existing source at Ffynon Batric by means of a ram. The water is raised about 150 feet to a 1,000 gallon concrete storage tank from which it is piped to the School, the new housing site, and five stand-pipes in the vicinity.

The Pwlldu supply soon after its institution showed discolouration, which was found to be caused by overflow from the pond above the source. This trouble was remedied by substituting a fresh spring from a disused quarry, with a yield of 864 gallons in 24 hours. Should this run low on account of drought, it will be possible to couple up the original Rhiew Spring, which would, at such a time, be free from fear of pollution.

The householders at Twyn-y-Allws have frequently complained of the distance of their public supply which involves carrying up a steep hill and over a Railway Crossing. An attempt was made to make use of a private ram, but was not successful. The solution seems to be the tapping of the Abertillery main which passes just above these houses, and installing a 250 gallon storage tank.

Llanelen. It was found that the public supply from the Court Farm, though sufficient and satisfactory at the source, was liable to contamination. The water was conducted for 232 yards by 2 inch land drains, and passed through two open brick catch pits. Iron pipes were substituted, the openings removed and the storage doubled. At the School, which receives its water from another source, the supply temporarily gave out, but while steps were being taken to deal with the matter it came back, and has since proved satisfactory.

Llanvihangel Crucorney. A request for an adequate supply, signed by most of the householders, has been received, and a spring about $1\frac{1}{2}$ miles away, yielding 180 gallons per hour has been considered. The cost of this scheme would be about £350, and as there is a more convenient supply which is at present the subject of litigation between two private parties, a decision is being awaited before further procedure.

For the Council houses at Pandy water has been piped about 700 yards, two other houses also being served.

Mardy. At present the village is served by several different sources. A scheme has been prepared by a firm of Consulting Engineers to supply it from Twyn y Wern, a distance of about $1\frac{1}{4}$ miles away. The source consists of four springs with a total yield of 104,000 gallons per day, which will be more than adequate. The water will be collected into a 5 inch main, and eventually will be available for piping to the houses.

Llanvetherine. An old complaint has again been voiced that certain householders in the neighbourhood of the Church are drinking the brook water. There is, in fact a public well, but it is 350 yards away, and the brook is far handier. A possible solution is to make use of the overflow from the private supply to Winston Court Farm about 450 yards away, for which permission has been granted. The cost would be about £70.

Llanddewi Rhydderch. The public well has been so damaged by river erosion as to render the water unfit for drinking. Schemes for moving the well have been considered, but some doubt has arisen as to whether the supply is public or not. A better scheme is to collect the springs at Coed Vir, which are only 100 yards away, and give an adequate yield.

Bettws Newydd. The former supply is out of order on account of complete stoppage of the pipes, which in some places are 19 feet in the ground. On investigation it appears to be a private supply, and not always reliable at that. At present the householders are carrying from private wells, which is unsatisfactory, but as there is no public water available, no solution has yet been discovered.

Permission was sought by the owner of Trostreylodge, to excavate for water, but this was a matter that did not directly affect the Council, and further developments have not been reported.

Several public wells have been cleaned out and protected from further pollution. Where possible hand pumps are erected to avoid contamination from the dipping of dirty vessels,

Generally, the Rural District Councils pay strict attention to the water supplies of their districts. This attention is showing itself in the improved bacteriological condition of the supplies. Samples of water are periodically taken for analysis. Arrangements are made with the Laboratory by the District Sanitary Inspectors, and the samples are examined by the County Pathologist. Samples are also collected by the County Sanitary Inspector. Water supplies found to be polluted are investigated and usually the cause of pollution is removed.

With regard to the supply of water to the Tredegar Urban Area, this is obtained from the Shon Sheffrey spring, which has always proved satisfactory, both as regards quality and quantity.

The water supply of the Ebbw Vale district is taken from two Reservoirs situated on the Llangynidr Mountain, and conveyed to the town by cast iron gravitating mains. The water is of a soft character, and is therefore liable to plumbo solvent action in contact with lead, but the use of lead pipes to carry the water supply has been almost entirely superseded by galvanized iron, which obviates the risk of contamination from this cause. The condition of the water is satisfactory.

With regard to the Blaenavon Urban District, there were no important extensions of the public water supplies during the year. The quality of the water supplied was, on the whole, generally satisfactory. Five samples were taken, all from piped public supplies, and on analysis these were found to be satisfactory both from a chemical and from a bacteriological standpoint. Owing to the low rainfall from May to August (5.39 inches), it was found necessary to curtail supplies to all parts of the district from about the middle of June to early in August—a period of approximately six weeks. The total storage capacity of the various reservoirs in the district is approximately $8\frac{3}{4}$ million gallons, which, distributed at the rate of 20 gallons per head of the population per day, would ensure a supply for 39 days. This storage capacity falls considerably short of a desirable minimum and is wholly inadequate to meet the demands in time of drought, and it is strongly recommended, therefore, that some action be taken to make a considerable increase in the storage capacity of the reservoirs supplying the district.

With regard to the Abertillery and District Water Board, the rainfall for the year 1934 at the Grwyne Fawr Reservoir, Breconshire, was 55.99 inches, and at the Board's Nantydraenog Reservoir, Mynyddislwyn, 51.72 inches. Following a serious drought in 1933 the Board's Grwyne Fawr Reservoir was very low at the beginning of 1934. Very little rain fell for the first nine months of the year, and restrictions were put in force on the 9th June, 1934, and remained until the end of November when the supply was restored to normal. The reservoir filled in December, 1934. The mains and services in the Board's

area are continually tested for leakages caused through land movement and numerous repairs were carried out during the year. Schemes are under consideration for increasing storage and improving distribution.

The rainfall for the year 1934, as recorded at Rhymney Bridge Reservoir was 63.92 inches which was somewhat below the average rainfall. For the months June, July, August and September the rainfall was only 14.77 inches and during this period the local supplies failed and it was necessary to purchase water in excess of the minimum from the Taf Fechan Supply Board, of which Board the Rhymney Valley Water Board is a Constituent Authority. The minimum quantity to be taken or paid for is $1\frac{3}{4}$ million gallons a day and the quantity of water purchased in excess of the minimum was 47,551,000 gallons. The supplies were fully maintained throughout the Board's area. A number of joint iron services still exist, particularly at Nelson and New Tredegar. The services are badly encrusted and result in intermittent supplies, but with the assistance of the Constituent Authorities concerned these are being substituted by separate lead services which always results in a plentiful supply. During the year the No. 1 Reservoir Dam at Rhymney Bridge—which became defective in 1927—was successfully repaired. The capacity of the Reservoir is approximately $12\frac{3}{4}$ million gallons and the Reservoir will prove of immense advantage during times of drought. A new puddle dam, 49 feet in depth, was constructed in the defective portion. Considerable trouble was experienced on the Rhymney Reservoir Trunk Main at Troedyrhiwfwuch through subsidence, but during repairs all districts to the south were supplied with the alternative Taf Fechan Supply and consequently the water supply to the village of Troedyrhiwfwuch only was affected. Samples of water are regularly sent for analysis to the Cardiff and County Public Health Laboratory, Cardiff, and every assistance is readily afforded by Mr. Sugden the Chief Chemist and Bacteriologist and his staff.

DRAINAGE AND SEWERAGE.

The whole of the subsidiary sewers of the Rhymney, Mynyddislwyn and Bedwas and Machen Urban Districts in the County of Monmouth and those of Caerphilly in the County of Glamorgan, are connected to the Rhymney Valley Main Trunk Sewer. In the Bedwellty Council's area all the sewers are connected except those in the New Tredegar District, where additional subsidiary sewers and surface water drains are being constructed. In the Gellygaer Council's area most of the subsidiary sewers are connected—new connections being afforded during the year for the Tirphil District. Some sewers remain to be connected at Hengoed. It is a condition of connection that surface water must be excluded from the sewers, and as previously the "combined system" was in use, considerable cost has been incurred by the Constituent Authorities in laying surface water drains to exclude the surface water from the sewers. The Caerphilly Council, in conjunction with the Glamorgan County Council com-

menced laying a surface water drain at Llanbradach to which street gulleys, now connected to the sewer, will be connected. There has been no damage through subsidence during the year, but where the Trunk Sewer crosses or abuts the River Rhymney, dams have had to be constructed to protect the sewer as the river repeatedly alters its course, during floods, through siltation.

The scheme for the construction of a trunk sewer main to serve the Llantarnam and Llanfrechfa Upper Urban areas is now completed and the sedimentation tanks for the partial treatment of the sewage are in operation. New connections have been, and are still being, made, from the houses in the districts to link up with the new system.

The dry earth closet system is in use throughout the Magor Rural district, with the exception of parts of the Parish of Christchurch, where one sewer connects with the Newport Borough Sewer and the other empties into the River Usk.

The slop water (house waste) is disposed of :—

- (1) Some of the villages have main drains conveying slop water into ditches and over the land.
- (2) In part of Christchurch it is conveyed into sewers.
- (3) Into cesspools which are emptied when necessary.

The Coldra Estate has made considerable development and the Council has constructed a sewer and septic tank to deal with the sewage from these houses and any that may be erected in the future. Development of the St. Julians Estate is likewise proceeding, and plans of proposed new roads and drainage have been approved by the Council. This work is now being proceeded with.

The Medical Officer for the St. Mellons Rural District reports that the populous and closely built parts of the area are served by efficient sewerage systems. Further extensions to sewers have been carried out on the Gaer Estate, Ebbw Bridge Building Site and at Rumney, to meet new building developments.

The Western Valleys (Mon.) Sewerage Board deals with the sewage of eight urban districts namely: Abertillery, Abercarn, Risca, Tredegar, Ebbw Vale, Mynyddislwyn, Nantyglo and Blaina, and Bedwellty, together with portions of St. Mellons R.D.C., and the Newport (Mon.) Corporation, the latter due to the recent Borough Extension. The scheme has worked well for the past 30 years since its completion. The main trouble is subsidence in some areas which necessitates careful inspection and somewhat frequent repairs to the Trunk Sewer.

RIVERS AND STREAMS.

The rivers in the agricultural portion of the County still remain free from serious pollution with the exception of the lower portion of the river Usk, and speaking generally, it may be said that so far as sewage pollution is concerned, there is not much to complain of above the point at which the Afon Lwyd enters the river Usk. Since the completion of the scheme for the treatment of the sewerage from the districts of Llantarnam and Llanfrehfa Upper, an improvement has been observed in the condition of the Avon Lwyd. The rivers passing through the industrial portion of the County are still heavily polluted by coal dust, etc., from coal washeries and other industrial concerns situated along their banks. In the Rhymney, Western and Sirhowy Valleys the main trunk sewers have practically removed the whole of the river pollution by sewage. It is unfortunate that a similar scheme has not yet been put into operation in the Eastern Valley.

CLOSET ACCOMMODATION.

Progress still continues to be made in the conversion of privies, pail closets, etc., into water closets, this being possible where subsidiary sewers have been provided by the various local authorities. This particularly applies to the Urban Districts of Llanfrehfa Upper and Llantarnam, due to the completion of their sewage scheme.

PUBLIC CLEANSING.

The collection of house refuse varies according to the conditions prevailing in the various districts. Usually the refuse is collected two or three times in the week. In most instances the work is done by motor lorries fitted with suitable covers. The provision of adequate sewerage arrangements, and the conversion of the old closets into water closets, have now practically eliminated the necessity of making special collections of night soil, especially in the urban areas. There is still room for improvement in the care and condition of some of the refuse tips in the various districts, and if possible all inflammable and decomposing matter should receive special attention.

SANITARY INSPECTIONS OF THE AREA.

From the reports which have been received from the District Medical Officers of Health, it is again observed that the District Sanitary Inspectors have displayed considerable activity in their respective areas.

Inspections of premises under the various Public Health and Housing Acts have been made, and where nuisances or defects are noted, informal and statutory notices have been served. In the majority of cases the notices were complied with, and in very few instances were legal proceedings necessary.

Mr. J. Jenkin Evans, A.R.S.I., M.S.I.A., the County Sanitary Inspector, assists the County Medical Officer in his sanitary investigations. Where the local Council is involved, he is accompanied by the Sanitary Inspector for the district concerned. Mr. Evans is also qualified as an Inspector of Meat and Other Foods. His duties may be summarised as follows:—

Investigations of Sanitary conditions of Schools, Pollution of Rivers and Streams, Causation of Outbreaks of Infectious Disease, Water Supplies of the County, and Tuberculosis in Cattle.

Nuisances arising from Drainage, Sewerage and Sewage Disposal, Refuse Collection and Disposal, The Keeping and Slaughtering of Animals, etc., Offensive Trades.

Inspections of Dairies and Cowsheds, Diseased Foodstuffs (at the request of the District Sanitary Inspectors), dwellings where insanitary conditions, overcrowding, etc., are reported.

Taking of samples of water, milk and sewage effluent for bacteriological and chemical examination at the County Laboratory; the disinfection of premises; attendance at Enquiries, etc.

During the year 1934, all schools closed on account of infectious disease were disinfected by the County Sanitary Inspector.

Under the County Medical Officer's Scheme for securing a clean and wholesome milk supply, the County Sanitary Inspector had much of his time taken up with milk investigations of various kinds, as well as with the collection of samples under the terms of the Milk (Special Designations) Order, relating to "Grade A" licences.

All special investigations arising from the "informal" milk sampling scheme of the County Medical Officer, and also under the Milk and Dairies Acts and Orders, are attended to by the County Sanitary Inspector, who also attends at the post mortem examination of any animals slaughtered under the Tuberculosis Order, and the Orders already referred to.

SMOKE ABATEMENT.

No special reference to this subject is made in the Reports of the District Medical Officers which have been received.

OTHER SANITARY CONDITIONS REQUIRING NOTICE.

There is very little change regarding the burial grounds in the County, and the demand for new ground for this purpose is still pronounced, more

especially in those areas where there has been recent increases in the population. In the Survey Report issued for the year 1930, the disposal of the dead by means of cremation was advocated by the County Medical Officer of Health. He is still of the opinion that this method is the one most suitable, especially in the overcrowded areas of the County.

SCHOOLS.

The sanitary condition of schools is subject to district sanitary inspections, while the School Medical Officers and the County Sanitary Inspector also deal with it at their periodical visits to the schools. The special survey by the School Medical Officers of school buildings which commenced in 1925, was continued, and during the year 1934, all school buildings visited by School Medical Officers were inspected and a summary of the reports is given in detail in the County Education Annual Report for the year 1934. The prevailing type of school building is stone built with slate roof. There are also in use buildings of brick with slate roof. In two or three districts pending the erection of new premises, some of the departments are accommodated in galvanised iron buildings. These schools are on the corridor and central hall system and are substantial, commodious, airy and well lighted. All the conditions found to be unsatisfactory at the schools were notified to the County Sites and Buildings Committee. Generally, the sanitary conditions of the schools can be termed satisfactory. The water supplies to the schools in the whole of the industrial portions of the County are taken from the mains of the local authorities. This also applies to portions of the rural areas adjoining the townships. In the rural areas, where an adequate water supply cannot be obtained from the Council's mains, the supply is obtained from wells and springs. Samples of water from these supplies are periodically taken, also under special circumstances, and are analysed at the County Laboratory. Should the water supply prove to be unsuitable, alternative supplies are examined, and in practically every instance a suitable supply of pure water has been obtained. It is unfortunate, however, that in some cases this may be some distance away from the school premises. Disinfection of school premises following outbreaks of infectious disease is carried out by the County Sanitary Inspector. The whole of the interior and lavatory accommodation being thoroughly sprayed with a suitable disinfectant. With regard to the spread of infectious disease amongst school children, close co-operation exists between the District Medical Officers and the County Medical Officer. During the year the County Sanitary Inspector, in company with the District Sanitary Inspectors inspected all the schools at the time of their closure, on account of infectious disease, and any defects found were reported to the appropriate department. Any sanitary defects reported by the School Medical Officers are dealt with by the County Sanitary Inspector.

HOUSING

The Circular issued by the Ministry of Health which deals with the preparation of the Annual Report of the County Medical Officer, points out that the Section under the heading "Housing," which calls for detailed information does not apply to County Councils. It is, however, noticed that although building operations under the Housing Acts have not been so extensive, efforts have again been made during the year to improve the housing position. In the St. Mellons Rural District Council Area, extensive building developments have taken place during the past year in the parishes of St. Woolos, Malpas, Rogerstone and Rumney. In these parishes, which are the populous centres of this rural area, the majority of the houses are of a modern good class urban type. In the Magor Rural District and particularly in the parish of Christchurch and on the Chepstow Road numerous houses have been erected during the year. The majority of these houses are of a modern type and semi-detached. A housing scheme has been planned on the Coldra Estate in the parish of Christchurch (near Newport, and also at Langstone. There are no special difficulties in providing suitable building sites. In the thickly populated areas of the County the housing question cannot be regarded as settled, as from the reports received from the District Medical Officers of Health and from other observations there is still a shortage of houses for the working classes. In some of the areas serious overcrowding is still prevalent, and this becomes more acute each year. Many of the older type of houses are in a condition only fit for demolition, but it is unfortunate that most of these houses are to be found in the areas where the industrial depression has been most keenly felt and the tenants, in most cases, are not in a position to avail themselves of better housing accommodation, even when provided. The houses erected by the Local Authority under the Housing Acts, have been designed for the occupation by one family only, and are not in any way suitable for dual occupation. It is regretted that a number of these houses are now occupied by more than one family, and the practice of allowing this double occupation should be discouraged as much as possible by the Local Authority, as there is the danger that the houses so occupied will soon become little more than slum property. It is noted that the Sanitary Inspectors in the districts paid considerable attention to the inspection of houses under the Public Health and Housing Acts, and notices are served for the abatement of nuisances and the repairs necessary. The general character of the defects found to exist in unfit houses dealt with were mainly defective roofs, damp walls and defective windows and floors, and in some of the older type of back to earth cottages inadequate lighting and ventilation, and insufficient height of bedrooms. Where unsatisfactory housing and overcrowding is prevalent there is the danger of disease flourishing, and there is also the evidence of lessened cleanliness, depression, lack of enthusiasm in the home, and the occupiers frequently complain of the conditions under which they are living. There is no doubt that density leads

to a high death rate. This statement is confirmed by a study of vital statistics in respect of cities and large towns. The Housing Act, 1930, came into operation on the 15th August, 1930, and is to be construed with the Housing Act, 1925, and which is the principal Act. It is an Act to make further and better provision with respect to the clearance or improvements of unhealthy areas, the repair or demolition of insanitary houses and the housing of persons of the working classes. The Housing Act, 1930, materially alters the powers of Local Authorities with respect to slum properties and re-housing, and contains provisions relative to the clearance or improvement of unhealthy areas, whilst imposing on the Local Authority definite obligations as to re-housing. Slum clearance and improvement area schemes have been placed before the Minister of Health by some of the Local Authorities in the County, and local enquiries have been held by the Ministry Inspectors. Permission to proceed with the schemes have been granted in some instances. Part IV of the Act of 1930 deals expressly with the housing conditions in rural districts and the duty of the Rural District Councils and the County Council. It is laid down that it shall be the duty of every County Council to have constant regard to the housing condition of persons of the working classes, the extent to which overcrowding or other unsatisfactory housing conditions exist and the sufficiency of the steps which the Council of the Rural District have taken or are proposing to take to remedy those conditions and to provide further housing accommodation. During the year special inspections have been carried out in the districts regarding houses unfit for human occupation with a view to proceeding with clearance and improvement schemes under the Housing Act. Special mention is made in some of the District Medical Officers' reports already received, and it is expected that in the near future application to the Ministry of Health for Clearance Orders under the Housing Act, 1930, will be made in these special cases. The Council of every Rural District shall during 1930, and thereafter at such intervals not being less than one year, as the County Council may direct, furnish to the County Council such information with regard to the matters already mentioned for the purpose of enabling the County Council to carry out their duties under this part of the Act.

With regard to the Housing (Rural Workers) Act, 1926, and which is administered by the County Council, no applications were received for a grant for the improvement of houses.

With regard to the Houses for which supplementary contributions by the County Council are being paid to the Rural District Councils of Abergavenny, Magor and St. Mellons, and for which sanction under the Housing (Rural Authorities) Act has been given by the Minister of Health, the 8 houses in St. Mellons and Magor Districts have been erected and the eight sanctioned in the Abergavenny Rural Area, have also now been completed.

The following table shows the progress which has been made in the construction of new dwellings by the district councils, and also by private enterprise under the various Housing Acts:—

District.	Total Number of Houses completed during year ended 31st Dec., 1934.		Total
	By Local Authority.	Private Enterprise.	
URBAN.			
Abercarn ...	—	5	5
Abergavenny ...	—	10	10
Abersychan ...	8	11	19
Abertillery ...	—	—	—
Bedwas and Machen	—	2	2
Bedwellty ...	—	6	6
Blaenavon ...	—	—	—
Caerleon ...	—	2	2
Chepstow ...	—	7	7
Ebbw Vale ...	—	8	8
Llanfrechfa Upper	—	10	10
Llantarnam ...	—	7	7
Monmouth ...	—	27	27
Mynyddislwyn ...	—	—	—
Nantyglo and Blaina	—	—	—
Panteg ...	—	43	43
Pontypool ...	6	2	8
Rhymney ...	—	—	—
Risca ...	—	10	10
Tredegar ...	—	11	11
Usk ...	—	8	8
RURAL.			
Abergavenny ...	4	9	13
Chepstow ...	10	18	28
Magor ...	—	62	62
Monmouth ...	—	10	10
Pontypool ...	—	18	18
St. Mellons ...	—	181	181
Totals	28	467	495

INSPECTION AND SUPERVISION OF FOOD.

(a).—MILK SUPPLY.

The scheme inaugurated by the County Medical Officer for the taking of "informal" samples of milk sold in the County is still being operated. In conjunction with the scheme, Part IV of the Milk and Dairies Order, 1926, which deals with the health and inspection of cattle, is carried out. During the year 171 "informal" samples of milk were taken which is a decrease of 130 when compared with the figure for the previous year. This is due in part to the greater number of investigations carried out at the farms with the consequent increase in the farm samples. As in previous years, it can again be said, that the working of the scheme has had far reaching effects upon the purity of the milk supply in the districts in which operations have so far been carried out. The scheme has been in operation for a number of years, and although at the outset difficulty was experienced in obtaining the co-operation of milk vendors and the producers, it can now be recorded that the difficulties have been overcome and that the scheme is appreciated by those concerned with the milk trade generally.

The scheme has been put into operation in every district of the County, and during 1934, the procedure adopted was to take a number of samples of milk from as many districts as possible in the year. By this method the benefits of the scheme are fully maintained. During the year samples were taken from the following districts:—Bedwas, Abertillery, Monmouth, Panteg, Chepstow, Mynyddislwyn, Ebbw Vale, Bedwellty and Pontypool Urban Districts, and Magor, Chepstow, Monmouth, and St. Mellons Rural Districts. The samples are collected by the County Sanitary Inspector, accompanied by the District Sanitary Inspector, and are examined at the County Laboratory by the County Bacteriologist. In addition to the bacteriological examination for evidence of tubercle, zymotic diseases and dirt contamination, animal inoculations are made for the purpose of definitely ensuring against any possible infection by Tuberculosis. Should this be found to be present, the farm producing the milk is visited and the herd submitted to veterinary examination, individual samples being taken from any cow regarded as suspicious. The milk from suspected cows is ordered to be excluded from that of the herd until the bacteriological examination has been made. In the event of an individual sample proving tuberculous, arrangements are made for the slaughtering of the animal under the Tuberculosis Order, 1925, in which case the district Sanitary Inspector in company with the County Sanitary Inspector is present at the slaughtering so that the carcase, or parts of the carcase, where necessary, can be condemned as unfit for human consumption. In such cases where the Sanitary Inspector is not qualified to deal with meat inspection, a Veterinary Surgeon, or the County Sanitary Inspector has attended at the slaughtering of the animal. The tuberculin

test is employed in cases where bacteriological examination of the sample has proved to be suspicious but has not shown definite evidence of Tuberculosis, also a close watch is kept upon the cow before its milk is again allowed to be mixed with that of the herd. With regard to the slaughter of infected animals, it has been found that action taken under the Tuberculosis Order by the Veterinary Inspectors appointed under the Diseases of Animals Acts is better than utilising the Milk and Dairies (Consolidation) Act, 1915; much overlapping is thus eliminated. Copies of all reports upon the bacteriological examination of "informal" samples are sent to the local Sanitary Inspectors, and where evidence pointing to want of care in handling the milk after it has left the cow, or to its contamination in other ways is reported, a warning is sent to the offender by the Clerk to the Local Sanitary Authority, which, in practically every case has had the effect of an immediate improvement in the condition of the milk. Further details regarding the samples taken during the year 1934, will be found in the report of the County Bacteriologist and Pathologist earlier in this Report. The dairy herds at 29 farms were inspected by the County Veterinary Surgeon, in company with the County Sanitary Inspector, who examined 382 cows. The number of samples of milk taken from the cows examined was 180 and in every instance the Department was successful in locating the cow or cows affected with Tuberculosis, and which were giving milk containing tubercle bacilli. Notices were given under the Tuberculosis Order regarding these cows, and they were examined after slaughter by the District Sanitary Inspectors and the County Sanitary Inspector. The post mortem examination of the carcass proved in each instance the bacteriological examination of the milk at the County Laboratory by the County Bacteriologist. Every carcass examined was condemned as unfit for human consumption and destroyed. In some of the districts of the County, the Sanitary Inspectors take "informal" samples and test the milk by means of a Minit Tester, for the purpose of demonstrating to the retailer and producer the presence or otherwise of dirt or other gross foreign matters. From the reports which have been received from the districts, the Dairies, Cowsheds and Milkshops have been periodically inspected, and there is further improvement to be noted in the general condition of these premises, but there is still room for further improvement. In some of the districts trouble is experienced in obtaining general improvements in the structural condition of Cowsheds on account of the owners who are not the tenants not being prepared to expend anything upon the work. However, although some progress has been made in reconstruction, every effort is still being made to instill into these cowkeepers the absolute necessity for scrupulous cleanliness, and education on this matter has been attempted rather than legislation, with beneficial results. Arrangements have been made with the Chief Constable for the notification of all animals intended to be slaughtered under the Tuberculosis Order, 1925. The date and time of slaughter is given, and the County Sanitary Inspector has attended for

the purpose of examining the carcass, so as to ensure that only meat fit for human consumption shall be placed upon the market.

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

The number of persons at present licensed by the County Council under this Order for the production of "Grade A" milk is as follows:—Producers and Retailers, 2; Producers only, 1. The three farms producing "Grade A" milk are regularly visited by the County Sanitary Inspector and a high standard of cleanliness is maintained as a result. The farms are situated, two at Chepstow, and one at Rogerstone. Samples are taken at various periods during the course of delivery for bacteriological examination. Where the report of the County Pathologist has proved unsatisfactory and not in accordance with the standard laid down for "Grade A" milk, a special visit is paid to the farm with a view to the necessary improvement. It is pleasing to note, however, that this has only been necessary on very few occasions. Samples are taken by the District Sanitary Inspectors on behalf of the Ministry of Health from the retailers of Grade "A" (Tuberculin Tested) milk in the County. The samples are analysed at the County Laboratory and the cost is defrayed by the Ministry of Health. The Ministry of Health are the Licensing Authority in regard to Certified and "Grade A" (Tuberculin Tested) milk, and arrangements have been made with the Welsh Board of Health that prior to granting a licence the cowsheds at the farm shall be approved by the County Medical Officer, acting in conjunction with the Ministry, so that an even standard for cowsheds shall obtain in the County.

During the year, the Milk Marketing Board, under the provisions of the Milk Act, 1934, put forward a scheme for the establishment of a Roll of Accredited Producers of milk, and which scheme it was intended should come into operation during the latter months of the year under review. A special report upon the scheme was prepared and submitted in October to the Public Health Committee, who decided, after full discussion, to recommend to the County Council that the scheme as submitted be not accepted as it was considered that the suggested standards for the cleanliness of the milk were not satisfactory and that the financial obligations placed upon the County Council were too heavy having regard to the benefits which were likely to accrue from the working of the scheme. The County Council, however, were of the opinion that a scheme for the improvement of the milk supply generally throughout the country was desirable and they were prepared to co-operate with and through the County Councils' Association with the Milk Marketing Board in a scheme to attain this end. The original scheme was ultimately withdrawn by the Milk Marketing Board with a view to preparing a further scheme upon lines which would meet with the approval of the County Councils throughout the country.

The scheme for the provision of milk to the children attending schools within the County has been augmented during the year. Arrangements are made by local milk vendors for the supply of milk to the schools in $\frac{1}{3}$ pint bottles complete with a sterilised straw for the child to drink the milk with. The cost of the milk is 1d. per $\frac{1}{3}$ pint, of which the child pays $\frac{1}{2}$ d., the remaining $\frac{1}{2}$ d. being contributed by the Milk Marketing Board from the funds at their disposal. Before the milk can be supplied to the schools the approval of the County Medical Officer is necessary, this being given after local investigations into the source of supply and the quality of the milk to be supplied. Surprise samples of the milk are taken and are tested at the County Laboratory with a view to ascertaining whether or not a satisfactory standard is being maintained.

(b).—MEAT AND OTHER FOODS.

The following table shows the quantities of meat and other foods condemned in the various Urban and Rural Districts of the County during the year, and it will be noticed from the figures that great attention is being given to this important section of public health work:—

DISTRICT	Fish.	Meat.	Bottled and Tinned Goods	Bacon.	Offal, etc.	Cooked Meat.	Fruit.	Miscellaneous
URBAN								
Abercarn ...	79 lbs.	13½ cwt. 1½ Carcase of Beef	167 tins	43 lbs.	70 lbs.	—	93 lbs.	—
Abergavenny ..	41 lbs. Crabs	1 Leg of Pork	72 tins	—	18 lbs.	—	—	—
Abersychan ...	—	1036 lbs.	105 tins	—	615 lbs.	40 lbs.	12 lbs.	101 lbs.
Abertillery ...	—	914 lbs. 6 Boxes Suet	115 tins	26 lbs.	9 pairs Lungs 17 lbs. Liver	45 lbs.	1 Case Pears	—
Bedwas and Machen ...	—	790 lbs.	142 tins	—	438 lbs.	—	—	—
Bedwellty ...	140 lbs.	1039 lbs.	46 bottles 1729 tins	74 lbs.	726 lbs.	160 lbs.	16 lbs.	5 Eggs, 30 lbs Rabbits 11 lbs. Sausage 50 lbs. Cheese
Blaenavon ...	56 lbs.	518 lbs.	107 tins	—	134 lbs.	—	—	—
Caerleon ...	—	1 Carcase of Beef	—	—	—	—	—	—
Chepstow ...	—	—	31 tins	—	—	—	—	—
Ebbw Vale ...	60 lbs	3317 lbs.	729 tins	—	810 lbs.	95 lbs.	266 lbs.	1 Case of Eggs. 1 cwt. Potatoes
Llanfrecha Upper ...	—	—	—	—	—	—	—	—
Llantarnam ...	—	—	—	—	—	—	—	—
Monmouth ...	—	60 lbs.	6 tins	—	15 lbs.	—	—	—
Mynyddislwyn	—	14963 lbs.	510 tins	—	11880 lbs.	—	—	—
Nantyglo and Blaina ...	—	—	—	—	—	—	—	—
Panteg ...	—	866 lbs.	143 tins	67 lbs.	231½ lbs.	13 lbs.	13 lbs.	1 Packet Tapioca 2 Packets Raisins 14 Rabbits
Pontypool ...	90 lbs.	1300 lbs.	527 tins	97 lbs.	198 lbs.	153 lbs.	120 lbs.	—
Rhydney ...	—	101 lbs. Pork 6 lbs. Lamb	132 tins 57 bottles Pickles	—	144 lbs. 2 Pigs' Heads	72 lbs Corned Beef 14 lbs. Ham	—	—
Risca ...	96 lbs.	487 lbs.	249 tins	—	217 lbs.	—	153 lbs.	260 lbs.
Tredegar ...	3 stones	4035 lbs.	690 containers	125 tins	2037 lbs.	30 lbs.	45 lbs.	64 lbs. vegetables 172 Packets Ground Rice, etc.
Usk ...	—	92 lbs.	—	—	—	—	—	—
RURAL								
Abergavenny ..	—	—	—	—	—	—	—	—
Chepstow ..	—	160 lbs.	—	—	—	—	—	—
Magor ...	—	163 lbs.	—	—	—	—	—	—
Monmouth ...	—	1067 lbs.	—	—	444 lbs.	—	—	—
Pontypool ...	—	—	—	—	—	—	—	—
St. Mellons ...	—	2434 lbs.	—	—	593 lbs.	—	—	—

Of the 30 Sanitary Inspectors in the Administrative County, 16 hold a special certificate, and are qualified Inspectors of Meat and Other Foods. The Districts whose Sanitary Inspectors are in possession of the certificate for meat and food inspection are:—Bedwellty (2), Abersychan, Abertillery, Mynyddislwyn, Pontypool, Risca, Ebbw Vale (2), Blaenavon, Tredegar (2), Usk, and Rhymney Urban and Chepstow and Monmouth Rural. The County Sanitary Inspector also holds the special certificate and is qualified as an Inspector of Meat and Other Foods. His services are available whenever called upon to assist the Inspectors in the various districts. This assistance has readily been accepted on numerous occasions.

A matter which has been commented upon for a number of years is the absence of a public abattoir in the County. In most districts there are numerous small slaughterhouses, very few of which can be said to be really suitable for the purpose. In several districts the Medical Officers of Health and the Sanitary Inspectors have recommended to their Councils the desirability of providing public slaughterhouses which would be under the direct control of the local authority. Difficulty is experienced by practically all the sanitary inspectors who are responsible for the inspection of meat in their areas, in carrying out in a satisfactory manner this important branch of their public health duties. A difficulty arises owing to the occasional slaughter of animals at places other than slaughterhouses. It is obvious that the provision of a public abattoir would tend greatly to eliminate the difficulty mentioned. All the slaughtering would be centralised, and systematic and proper supervision could then be obtained, the risk to the consumer lessened and the purity of the meat improved by being slaughtered, cooled and stored under hygienic and wholesome conditions.

The Sanitary Inspectors of the County are continually concentrating upon the provisions of the Public Health (Meat) Regulations, and these have been applied as far as possible in the County. All butchers' shops and meat stalls in the County are regularly inspected to ensure compliance with the Regulations. The existence of stalls in market streets in the form allowed by the Regulations is countenanced because it is thought their existence enables meat to be sold at competitive prices, and so tends to bring down the prices generally at which meat is sold to the public. That the Regulations governing the sale of meat are reasonable is indicated by the very ready response on the part of the vendors to remedy any temporary omission, either on their part or on the part of their assistants. In very few instances has it been necessary to serve notices for breach of the Regulations.

ADULTERATION, ETC.

Samples of foodstuffs, including butter, milk, margarine, etc., are sent to Mr. G. Rudd Thompson, F.I.C., Dock Street, Newport, who is the Public

Analyst appointed for the County. At a meeting of the Works and General Purposes Committee, held on the 13th July, 1920, it was decided that the County Medical Officer should exercise general supervision over the action to be taken in pursuance of the Acts and Regulations under the Sale of Food and Drugs Acts, and that he, the County Analyst, and, if necessary, the Clerk, should confer as to the details necessary to secure observance of the Acts and Regulations. The Administrative County is divided into three districts for the purposes of these Acts, as follows:—

District "A," under the supervision of Inspector G. C. Jenkins, with an Assistant, and comprising the Municipal Boroughs of Abergavenny and Monmouth, the Urban Districts of Abersychan, Blaenavon, Llanfrechfa Upper, Panteg, Pontypool and Usk, and the Rural Districts of Abergavenny, Monmouth and Pontypool.

District "B," under the supervision of Inspector T. R. Davies, with two Assistants, and comprising the Urban Districts of Abertillery, Bedwellty, Ebbw Vale, Mynyddislwyn (part), Nantyglo and Blaina, Rhymney and Tredegar.

District "C," under the supervision of Inspector J. R. Gamble, with an Assistant, and comprising the Urban Districts of Abercarn, Bedwas and Machen, Caerleon, Chepstow, Llantarnam, Mynyddislwyn (part), and Risca, and the Rural Districts of Chepstow, Magor and St. Mellons.

The following is the report of the County Analyst, Mr. G. Rudd Thompson, for the year 1934:—

"During this period 1,052 samples have been analysed, which have been submitted to me as under:—

Dr. Rocyn Jones	1 sample
Division "A"	376 samples
Division "B"	337 samples
Division "C"	338 samples

Of the above 135 were informal or trial samples.

The details of the samples analysed are as under:—

732 Milk, 3 Separated Milk, 2 Condensed Milk, 2 Cream, 40 Butter, 3 Cheese, 1 Cheese and Celery, 1 Milk Food, 27 Lard, 4 Margarine, 1 Dripping, 1 Beef Suet, 7 Sugar, 2 Honey, 6 Table Jelly, 1 Jam, 1 Vitalade, 1 Lemon Cheese, 17 Flour, 17 Rice, 5 Tapioca, 1 Sago, 4 Baking Powder, 7 Custard Powder, 5 Egg Powder, 1 Blancmange Powder, 1 Suet Pudding, 1 Cake, 2 Pearl Barley, 1 Junket Crystals, 3 Raisins, 3 Currants, 1 Glace Cherries, 1 Lemon Essence, 1 Orange Essence, 1 Parisian Essence, 2 Almond Essence, 1 Vanilla Flavouring, 20 Pepper, 1 Thyme, 1 Sage, 2 Mixed Spice, 1 Ground

Ginger, 11 Malt Vinegar, 5 Vinegar, 1 Sauce, 16 Cocoa, 11 Coffee, 2 Coffee Mixture, 3 Tea, 1 Barley, Malt and Hop Extract, 3 Camphorated Oil, 4 Castor Oil, 3 Olive Oil, 2 Eucalyptus Oil, 1 Camphor and Mustard Oil, 4 Aspirin Tablets, 2 Bismuthated Magnesia Tablets, 1 Laxative Tablets, 1 Chocolate Laxative, 1 Celery Pills, 1 Head and Stomach Pills, 1 Headache Powder, 2 Nerve Powder, 1 Nerve Drops, 1 Black Drops, 1 Back and Kidney Pills, 1 Superasp, 1 Aspro Tablets, 1 Cascara Sagrada Tablets, 1 Epsom Salts, 3 Bicarbonate of Soda, 3 Syrup of Figs, 1 Ammoniated Tincture of Quinine, 1 Medicinal Paraffin, 3 Glycerine, 1 Ointment, 3 Potted Meat, 3 Fish Paste, 3 Sausage, 1 Tinned Salmon, 7 Peas, 1 Pea Flour, 1 Lentils, 1 Kali Dumps, 1 Sweets and 1 Bread.

Milk. Of the total number, 728 were samples of milk purchased from vendors, and of these 707 were found on analysis to be genuine, but 21 samples failed to conform to the requirements of the Sale of Milk Regulations, i.e., 2·88 per cent. of the milk samples examined. Details of the samples which failed to satisfy the requirements are as under.

Fifteen samples contained added water to the extent of 37·77 per cent., 16·47 per cent., 10·82 per cent., 10·71 per cent., 9·06 per cent., 8·47 per cent., 7·88 per cent., 7·65 per cent., 7·18 per cent., 6·82 per cent., 6·47 per cent., 4·12 per cent., 3·65 per cent., 2·12 per cent., and 1·76 per cent. respectively. Six samples were deficient in fat to the extent of 42·33 per cent., 37·00 per cent., 17·00 per cent., 15·67 per cent., 15·33 per cent. and 3·00 per cent. respectively.

In addition to the above four "Appeal to the Cow" samples were taken and the results of the analysis of these samples are tabulated below, being compared in each case with the corresponding sample purchased by the Inspector during the course of sale.

Sample Purchased.	"Appeal to Cow" sample.
9·06 per cent. Added Water	8·00 per cent. deficient in solids not fat and also 1·00 per cent. deficient in fat.
3·00 per cent. Deficient in Fat	3·65 per cent. deficient in fat.
7·18 per cent. of Added Water	Genuine.
1·76 per cent. of Added Water	2·67 per cent. deficient in fat.

It will be noted that in three of the above cases the milk actually yielded by the cows was of inferior quality, but in one instance the cows were found to be yielding milk of good quality, whereas the corresponding milk as actually sold contained added water.

Every sample of milk submitted for analysis during the year has been tested for the presence of preservatives and added colouring matter, which were found to be absent in all cases.

Classified in my usual manner, the details showing the composition of the Milks as a whole are as under :—

According to content of fat :—

Under 3.00%	3—3.49%	3.5—3.99%	4—4.49%	4.5% and over
9	367	255	76	21

According to content of solids not fat :—

Under 8.5%	8.5—8.69%	8.7—8.89%	8.9—9.09%	9.1% and over
15	389	203	94	27

The average composition of all milk samples examined during the year is :
Fat, 3.49%; Solids not Fat, 8.67%; Total Solids, 12.16%.

The composition varies very little from that of the average over the past nine years, as will be seen from the table below :—

Year.	Fat.	Solids not Fat.	Per cent. of adulteration.
1925	3.57%	8.90%	4.26%
1926	3.63%	8.82%	5.97%
1927	3.62%	8.77%	3.81%
1928	3.52%	8.78%	4.41%
1929	3.55%	8.89%	4.05%
1930	3.65%	8.83%	2.82%
1931	3.66%	8.77%	2.89%
1932	3.60%	8.71%	5.06%
1933	3.59%	8.69%	5.37%

The three samples of separated milk analysed during the year were all genuine and free from preservatives, whilst the two samples of condensed milk satisfied the requirements of the Condensed Milk Regulations.

Both samples of cream contained a satisfactory high percentage of milk fat and were free from preservatives and thickening agents.

Each of the forty samples of butter was composed of genuine milk fat and contained no preservative of any description, and in no case was the percentage of water present in excess of the legal maximum, and the three samples of cheese all contained a high percentage of milk fat and were free from any deleterious ingredient.

The lard specimens, 27 in number, were composed of the genuine fat of the pig and were free from added water and from excessive acidity, whilst the

four samples of margarine were composed of perfectly wholesome ingredients and were free from preservatives, the percentage of water in each case being less than the legal maximum.

The suet and dripping were genuine and of good quality.

The samples of potted meat, fish paste, sausage and tinned salmon were of satisfactory composition and free from preservatives.

The sugar specimens, 7 in number, were all of a high degree of purity and contained less than the legal maximum proportion of sulphur dioxide.

The two samples of honey were both genuine and free from added sugars, and the six samples of table jelly were all of satisfactory composition and free from excess of sulphur dioxide.

Seventeen samples of flour have been examined during the year, and it is satisfactory to record that in none of these samples could any trace of any bleaching agent be detected. In the self raising flours the leavening ingredients were entirely free from metallic contamination.

The samples of baking powder and egg powder were of satisfactory strength and free from contamination by deleterious ingredients.

The specimens of rice, seventeen in number, consisted of sound grain, and in no instance had any facing ingredient been employed to enhance the appearance of the product. This treatment now appears to have been practically discontinued.

The custard powders consisted of cornflour and were all free from excess of sulphur dioxide and from the prohibited colouring matters.

The samples of pepper, ginger and mixed spice were all genuine and of good quality.

Each of the eleven samples of malt vinegar was found to consist of the genuine article prepared by the acetous fermentation of malt extract, and the strength was satisfactory.

Of the five samples sold as "vinegar" four were of satisfactory strength, but one specimen was found to be seriously deficient in acetic acid.

The samples of cocoa were carefully examined for the presence of arsenic and other injurious metallic compounds from which they were entirely free, and the coffee samples proved to consist of the genuine ground berry free from chicory.

The three samples of tea consisted of the genuine leaf free from dust and sweepings.

TABLE SHOWING THE NUMBER OF SAMPLES TAKEN IN EACH DISTRICT.

	URBAN. Abercarn	Abergavenny	Abersychan	Abertillery	Bedwas and Machen	Bedwelty	Blaenavon	Caerleon	Chepstow	Ebbw Vale	Llanfrechfa Upper	Llantarnam	Monmouth	Mynyddislwyn	Nantyglo and Blaina	Panteg	Pontypool	Rhydney	Risca	Tredegarr	Usk	TOTAL URBAN	RURAL. Abergavenny	Chepstow	Magor	Monmouth	Pontypool	St. Mellons	TOTAL RURAL	GRAND TOTALS	
Aspirin Tablets	2	...	...	...	...	...	...	...	2	...	1	...	...	...	1	2	4	
Aspro Tablets	1	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	
Back and Kidney Pills	1	
Back Drops	1	
Baking Powder	1	...	...	...	...	...	1	...	2	...	1	...	...	...	...	1	2	
Barley, Malt & Hops Extract	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	
Beef Sausage	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Beef Suet	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bi-carbonate of Soda	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	
Bismuth Magnesia	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blackberry and Apple Jam	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Blanc Mange Powder	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bois Bread	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bois Flour	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Butter	4	1	2	3	1	1	2	2	2	...	...	2	...	2	...	...	1	2	6	...	...	31	2	...	2	...	...	1	5	36	
Cali Dump	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	2	
Camphor and Mustard Oil	
Camphorated Oil	1	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	1	
Carbonate of Soda	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	
Cascara Tablets	
Castor Oil	1	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	3	...	1	...	...	...	...	1	4
Celery Pills	1	...	...	...	1	1
Cheese	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	3
Cheese and Celery	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Chocolate Laxative	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Cocoa	1	...	...	3	1	...	...	2	2	...	...	1	...	2	...	...	...	...	2	...	...	14	...	1	...	...	...	1	2	16	
Coffee	1	...	...	1	1	...	...	2	1	...	...	...	...	1	...	...	...	...	...	...	...	2	...	2	...	...	...	1	4	11	
Coffee Mixture	
Condensed Milk	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	2
Cream	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Currants	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Custard Powder	1	...	...	1	...	...	...	...	1	...	...	1	...	1	...	...	...	...	...	1	...	...	6	...	...	...	...	...	...	...	6
Demerara Sugar	1	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	4	...	...	1	...	...	...	1	5
Dripping	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Egg Powder	2	...	...	...	...	...	...	...	...	2	...	1	...	...	...	...	...	3
Egg Substitute	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2
Eucalyptus Oil	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2
Farm Butter	4	...	...	...	4	4
Fish Paste	1	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	3
Flavouring Essence	2	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	4
Flour	1	...	...	...	1	1
Glace Cherries	1
Glycerine	1	...	...	...	...	...	1	...	...	...	...	...	...	...	2	...	...	...	1	...	...	...	1	3
Ground Ginger	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2
Headache Powder	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Head and Stomach Pills	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Honey	1
Jelly	1	...	...	2	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	5	...	1	...	...	...	...	...	1	6
Junket Crystals	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Lard	2	1	1	3	1	1	1	2	2	...	...	2	...	2	...	...	...	2	4	...	...	24	...	1	...	1	...	1	3	27	
Laxative Tablets	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Lemon Cheese	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Lemon Essence	1	...	...	...	...	1
Lentils	1	...	...	...	...	1
Luncheon Sausage	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Magnesia Tablets	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1

Some samples taken in Mynyddislwyn area are included in the Bedwellty area return.

TABLE SHOWING THE NUMBER OF SAMPLES TAKEN IN EACH DISTRICT —CONTINUED.

	URBAN. Abercarn	Abergavenny	Abersychan	Abertillery	Bedwas and Machen	Bedwellty	Blaenavon	Caerleon	Chepstow	Ebbw Vale	Llanfrechfa Upper	Llantarnam	Monmouth	Mynyddislwyn	Nantyglo and Blaina	Panteg	Pontypool	Rhymney	Risca	Tredegar	Usk	TOTAL URBAN	RURAL. Abergavenny	Chepstow	Magor	Monmouth	Pontypool	St. Mellons	TOTAL RURAL	GRAND TOTALS
Malt Vinegar	1	...	1	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	4	...	...	...	4	...	...	4	8
Margarine	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	4
Meat Paste	1	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	3
Medicinal Paraffin	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Milk	23	47	57	20	12	87	44	12	12	61	22	36	36	16	18	45	15	21	41	59	22	706	6	5	...	3	...	13	27	733
Mixed Spice	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	1	2
Nerve Drop	1	...	...	1	1
Nerve Powder	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	1	2
Ointment	1	...	...	...	...	1	...	...	...	...	...	...	...	1
Olive Oil	1	...	...	...	...	1	...	...	...	...	1	...	...	...	...	3	...	...	...	...	...	...	...	3
Parisian Essense	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Pea Flour	1	...	...	...	1	1
Pearl Barley	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	...	...	...	...	...	...	...	2
Peas	1	...	...	2	1	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	7	...	...	...	...	...	...	...	7
Pepper	2	...	...	2	1	...	...	2	2	...	...	1	...	2	...	...	...	1	2	...	...	15	...	2	...	...	...	1	3	18
Raisins	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	3	...	...	...	...	...	...	...	3
Raw Sugar	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	1	2
Rice	1	...	...	1	1	1	1	2	2	...	...	1	...	2	...	...	...	...	2	...	...	14	...	2	...	...	...	1	3	17
Sago	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2
Salmon	1	...	...	...	1	1
Sauce	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Sausage	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Self Raising Flour	1	...	...	1	1	...	...	2	2	...	...	1	...	2	...	...	...	...	2	...	...	12	...	2	...	...	...	1	3	15
Separated Milk	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	2
Suet	1	...	...	...	1	...	...	...	...	...	...	...	1
Sweets	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Swillings (alleged)	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Syrup of Figs	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	3	...	...	...	...	...	...	...	3
Tapioca	...	1	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	2	...	1	3	6
Tea	3	...	...	...	3
Thyme	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Tinture of Quinine	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Vinegar	4	...	...	...	...	...	3	...	...	...	...	7	...	...	...	1	...	...	1	8
Vitalade	1	...	...	...	1
Wheat Custard	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
White Pepper	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	2
	1	...	1	...	...	2	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	3
	2	...	...	...	...	...	...	...	2
TOTALS	...	41	55	63	65	100	60	29	33	61	28	52	36	48	18	45	23	34	62	59	23	960	6	24	...	37	...	24	91	1051

Some samples taken in Mynyddislwyn area are included in the Bedwellty area return.

A large variety of drugs including many patent medicines were submitted for examination during the year, all of which were of satisfactory quality and contained no undesirable ingredient.

The remaining samples were varied in nature, but all proved to be quite satisfactory as regards quality, so that out of the total of 1,052 articles examined only 22 were found to be adulterated, amounting to 2·09% of the total."

NUMBER OF SAMPLES FOUND TO BE ADULTERATED.

District.	Milk.	Vinegar	Swillings (alleged)	Totals.
URBAN:				
Abercarn	—	—	—	—
Abergavenny	1	—	—	1
Abersychan	2	—	—	2
Abertillery	2	—	—	2
Bedwas and Machen ...	2	—	—	2
Bedwellty	3	—	—	3
Blaenavon	2	—	—	2
Caerleon	—	—	—	—
Chepstow	—	—	—	—
Ebbw Vale	3	—	—	3
Llanfrecha Upper ...	—	1	—	1
Llantarnam	6	—	—	6
Monmouth	—	—	—	—
Mynyddislwyn	—	—	—	—
Nantyglo and Blaina ...	—	—	—	—
Panteg	—	—	—	—
Pontypool	1	—	—	1
Rhydney	—	—	—	—
Risca	1	—	—	1
Tredeggar	—	—	—	—
Usk	—	—	—	—
RURAL:				
Abergavenny	—	—	—	—
Chepstow	—	—	—	—
Magor	—	—	—	—
Monmouth	—	—	—	—
Pontypool	—	—	—	—
St. Mellons	—	—	—	—
Totals	23	1	—	24

The following schedule gives details of the samples taken for analysis, and in which action was taken, arranged according to the respective districts :-

District in which sample was taken.	Nature of Sample.	Extent of adulteration, etc., of sample.	Action taken.
URBAN:			
Abergavenny ...	Milk	16.47% added water ...	Dismissed.
Abersychan ...	"	10.17% added water ...	Not taken on technical ground.
"	"	7.88% added water ...	Dismissed.
Abertillery ...	"	7.65% added water ...	} Fined £15 and £5 cost Taken in course of delivery to Feeding Centre. Alleged Swillings.
"	"	10.82% added water ...	
"	"	37.77% added water ...	
Bedwas & Machen	"	2 Samples deficient ...	One was "Appeal to Cow" sample. No action taken.
Bedwellty ...	"	17.00% deficient in fat ...	Proceedings withdrawn
"	"	8.47% added water ...	} Cautioned by Clerk.
"	"	3.65% added water ...	
Blaenavon ...	"	44.33% deficient in fat ...	Fined £4 4s.
"	"	6.47% added water ...	Cautioned by Clerk.
Ebbw Vale ...	"	2.12% added water ...	} Cautioned by Clerk.
"	"	4.12% added water ...	
"	"	37.00% deficient in fat ...	
Llanfrecha ...	Vinegar	1.09% deficient in acetic acid ...	Cautioned by Clerk.
Llantarnam ...	Milk	6 samples deficient ...	2 were 'Appeal to Cow' samples. No action taken.
Pontypool ...	"	15.33% deficient in fat ...	Cautioned by Clerk.
Risca ...	"	1 sample deficient ...	No action taken.

CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF FOOD.

Full details in connection with the above will be found under the heading " Laboratory Facilities " and " Adulteration, etc.," in this Report.

NUTRITION.

During the year 1931 a Special Enquiry into the state of nutrition of school children in Monmouthshire was made, and a full and comprehensive report upon the results of this Enquiry is given, together with Charts, etc., as an Appendix to the County Education Report for the year 1931. A further special enquiry was made during the year 1934, and an enquiry was also made with regard to pupils attending the Junior Instructional Centres. Detailed reports upon these investigations are given in the County Education Report for the year 1934. The service for the provision of infant foods, etc., is dealt with in detail in the County Maternity and Child Welfare Report for 1934.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

ISOLATION HOSPITALS.

The position as regards Isolation Hospitals within the Administrative County of Monmouth has been commented upon in these reports for a number of years. No additional facilities were available during the year 1934, the position remaining much the same as in the previous year. Under Section 63 of the Local Government Act, 1929, it is the duty of the County Council as soon as may be after the commencement of the Act to make a survey of the hospital accommodation for the treatment of infectious diseases in the County.

At a Special Meeting of the County Public Health Committee, held on the 22nd July, 1932, a Special Report upon the Provision of Isolation Hospital Facilities was submitted and was the detailed report on the survey by the County Medical Officer of Health and the Provisional Scheme of the County Council.

The report is based on a general survey by the County Medical Officer, accompanied by the County Sanitary Inspector, of the hospital accommodation for infectious diseases in the County as a whole and upon a careful inspection of the Isolation Hospitals, in company with the District Medical Officers of Health, and the District Sanitary Inspectors.

Upon the completion of the survey the County Council prepared, in consultation with the District Councils and other Councils concerned, both within and without the area of the County, a scheme for the provision of adequate hospital accommodation for the treatment of infectious diseases in

the County and which has been submitted to the Minister of Health for his approval. Full details regarding the Scheme will be found in the Annual Report for the year 1932.

INFECTIOUS DISEASES, 1934.

The seven principal Zymotic Diseases are Small-pox, Measles, Scarlet Fever, Diphtheria, Whooping Cough, Fever (including Typhus, Enteric, and Continued Fevers), and Diarrhoea (under 2 years).

These diseases caused 159 deaths and gave a Zymotic death-rate of .46 for the County, as compared with a rate of .36 for the year 1933, .37 for 1932; .36 for 1931, .30 for 1930, .51 for 1929, .451 for 1928, .377 for 1927, .30 for 1926, .73 for 1925, .38 for 1924, .85 for 1923, .46 for 1922, .94 for 1921, 1.15 for 1920, .61 for 1919, 1.26 for 1918, .96 for 1917, .72 for 1916, 1.05 for 1915, 1.73 for 1914, 1.29 for 1913, 1.86 for 1912, 2.5 for 1911, 1.22 for 1910, .87 for 1909, and 1.5 for 1908.

Table showing death rate and attack (notification) rate of Zymotic Diseases in the County of Monmouth during the year 1934.

Population for death rate and attack (notification) rate, 338,950.

Disease	No. of Deaths.	Death Rate per 1000 of population.	No. of notifications.	Attack Rate per 1000 of population.	England & death rate 1,000 of pop.
Small Pox	—	—	—	—	.00
Measles (including German Measles)	19	.05	Not notifiable	—	.09
Scarlet Fever	11	.03	1253	3.69	.02
Diphtheria (including Membranous Croup) ..	74	.21	835	2.46	.10
Whooping Cough ...	27	.08	Not notifiable	—	.05
Fever (including Typhus, Enteric and Continued Fevers)	—	—	3	.008	.00
Diarrhoea (under 2 years)	28	.08	Not notifiable	—	5.5
Totals	159	.46	2091	6.10	—

COMPARISON OF INFECTIOUS DISEASES DEATH RATES IN MONMOUTHSHIRE.

				Measles and German Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Typhoid	Small-pox
Average for years 1907- 1913 inclusive				... .43	... .07	... .92	... .13	... .09	... ..
1914	...	...	...	.47	.13	.12	.17	.03	...
1915	...	...	...	.71	.09	.33	.19	.03	...
1916	...	...	...	.04	.06	.21	.12	.04	...
1917	...	...	...	.30	.02	.11	.06	.079	...
1918	...	...	...	.53	.03	.30	.08	.02	...
1919	...	...	...	.003	.06	.28	.07	.03	...
1920	...	...	...	.51	.06	.16	.18	.01	...
1921	...	...	...	.02	.03	.17	.12	.01	...
1922	...	...	...	.03	.02	.17	.11	.01	...
1923	...	...	...	.41	.01	.22	.09	.01	...
1924	...	...	...	.03	.03	.07	.1	.02	...
1925	...	...	...	.20	.02	.21	.1	.02	...
1926	...	...	...	.02	.008	.07	.06	.01	...
1927	...	...	...	.097	.005	.09	.035	.008	.008
1928	...	...	...	.11	.002	.11	.055	.013	...
1929	...	...	...	.10	.008	.20	.07	.016	.002
1930	...	...	...	.03	.01	.07	.08	.005	.005
1931	...	...	...	.15	.02	.01	.05	.008	...
1932	...	...	...	.05	.05	.07	.09	.002	...
1933	...	...	...	.06	.03	.07	.11	.00	...
1934	...	...	...	.05	.03	.08	.21	.00	...

The following is a summary of the weekly notifications of infectious diseases received during the year from the Local Medical Officers of Health:—

DISTRICTS	Estimated Population, 1934	Notification rate for estimating	Scarlet Fever.	Diphtheria.	Enteric Fever.	Pneumonia.	Erysipelas.	Puerperal Fever.	Encephalitis. Lethargica.	Ophthalmia Neonatorum.	Puerperal Pyrexia	Acute Polio- myelitis	Cerebro Spinal Fever	Chicken Pox	Meningococcal Meningitis	Dysentery
URBAN.																
Abercarn	19,720	54	11				3			1	1		1	3		
Abergavenny	8,240	10	8			4	8			6						
Abersychan	25,020	29	1							2	1					
Abertillery	30,720	110	6			10	1			3	1					
Bedwas and Machen	8,794	53	27			31	5			3	1					
Bedwellty	29,610	261	304			32	19	2		3	2		1			
Blaenavon	10,790	19	11			11		1								1
Caerleon	2,481	1	1			2	2				1					
Chepstow	4,114	7	4			1										
Ebbw Vale	3,0670	217	104		3	38	14			2	2		3			
Llanfrechfa Upper	4,384	7	17			1	1					1				
Llantarnam	7,058	20	20			1										
Monmouth	4,856															
Mynyddislwyn	15,800	45	39				4				2		1			
Nantyglo and Blaina	12,860	45	3			9	4			3	1					
Panteg	11,210	19	15				2			1						
Pontypool	6,674	7	5			5	3			3						
Rhymney	10,280	51	22				12			2	1					
Risca	16,180	43	6			21	5			2	1					
Tredegarr	22,420	115	174			47	29	2		1	10					
Usk	1,274									1						
Totals, Urban	283,150	1113	778	3	3	213	112	5		28	22	1	6	3		1
RURAL.																
Abergavenny	8,616	16	5			1				1						
Chepstow	8,710	30	12													
Magor	6,898	12	10			1	2									
Monmouth	6,341	4	2													
Pontypool	5,035	1	5				2				1					
St. Mellons	20,200	77	23			13	12			1						1
Totals, Rural	55,800	140	57			17	16		1	2	1					1
Grand Totals	338,950	1253	835	3	3	230	128	5	1	30	23	1	6	3		2

The number of cases of infectious diseases removed to Hospitals during the year, was as follows:—

CASES REMOVED TO HOSPITAL													
DISTRICT	Small Pox	Diphtheria	Erysipelas	Scarlet Fever	Tuberculosis	Ophthalmia Neonatorum	Cerebro-Spinal Fever	Acute Poliomyelitis	Enteric Fever	Puerperal Fever	Chicken Pox	Pneumonia	Encephalitis Lethargica
Urban—													
Abercarn	1	...	...	...	...	...	...	...	...	...
Abergavenny	3	...	1	1	1	...	...	1	...	...	1	...
Abersychan
Abertillery
Bedwas and Machen	6	...	4	...	...	...	...	1	...	...	...	...
Bedwellty	418	...	24	...	...	...	...	...	...	...	...	...
Blaenavon
Caerleon
Chepstow
Ebbw Vale	57	...	...	...	...	3	...	3	...	...	...	...
Llanfrechfa Upper
Llantarnam	2	...	9	...	...	...	...	...	...	...	...	...
Monmouth
Mynyddislwyn	14	...	3	...	...	1	...	...	...	...	...	...
Nantyglo and Blaina
Panteg
Pontypool
Rhymney
Risca...
Tredegar	65	...	57	...	...	...	...	...	...	...	...	...
Usk
<i>See Table later in this Report.</i>													
Rural—													
Abergavenny	4	...	4	...	...	...	...	...	...	...	...	...
Chepstow	8	...	31	...	...	...	...	...	...	...	...	...
Magor
Monmouth	3	...	...	...	...	...	...	...	...	...	...	...
Pontypool
St. Mellons
Totals	680	...	134	1	5	...	3	2	...	...	...	1

Included in the Bedwellty figures are cases admitted to the Bedwellty Isolation Hospital from other areas.

The above has been compiled from the returns submitted by the District Medical Officers of Health.

Analysis of the Total Cases and Deaths from Notifiable Diseases according to Age Groups.

Disease	CASES NOTIFIED.										DEATHS.															
	AGE GROUPS.										AGE GROUPS.															
	Under 1 year	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 and over	Total all ages	Under 1 year	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 and over	Total all ages
Diphtheria	4	18	34	58	86	365	233	60	57	20	7	3	945	1	2	4	7	7	34	11	3	1	...	...	...	70
Scarlet Fever	11	45	70	99	110	472	297	59	55	17	4	...	1239	...	...	1	2	4	1	1	...	...	1	...	...	10
Etiatic Fever	...	...	...	...	...	...	...	1	2	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	13	17	15	13	8	26	15	14	30	21	47	11	230	24	18	4	1	2	2	3	3	18	7	41	36	159
Puerperal Fever...	...	...	...	...	...	...	...	1	6	3	...	...	10	...	...	...	...	...	...	...	...	4	1	1	...	6
Cerebro Spinal Fever	...	...	...	...	1	1	1	1	1	...	...	...	5	...	...	...	...	1	1	1	1	...	...	...	...	4
Acute Poliomyelitis	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...
Encephalitis Lethargica	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum	31	...	...	...	...	...	...	...	...	...	...	...	31	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia	...	...	...	...	...	...	...	2	17	1	1	...	21	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	3	...	...	...	1	5	4	7	21	45	11	97	...	...	...	...	...	...	...	...	...	...	1	...	1
Whooping Cough	1	...	...	...	...	...	...	...	...	...	...	...	1	1	2	...	...	...	...	...	...	...	...	...	...	3
Totals	61	83	119	170	205	865	551	142	175	83	104	25	2583	26	22	9	10	14	38	16	7	24	9	43	36	254

Particulars respecting Tuberculosis cases will be found later in this report.

The table has been compiled from returns received from the District Medical Officers of Health.

SMALL-POX.

The epidemic of Small Pox which commenced in 1927 disappeared entirely towards the end of the year 1931. Particulars respecting the number of cases notified and the action taken generally with regard to the isolation and treatment of the cases discovered has been fully dealt with in the Annual Reports issued since 1927. Owing to a serious epidemic of Diphtheria occurring in the Bedwellty Urban District, and with a view to assisting that Council, the "Beeches" Isolation Hospital was staffed, equipped, and kept available for a period of four weeks for the acceptance of cases from the Bedwellty District with a view to stamping out the disease. The hospital, however, was not made use of as the Bedwellty Council re-arranged their own hospital accommodation.

VACCINATION.

Under the Local Government Act, 1929, the functions relating to Vaccination came under the control of the County Council as and from the 1st April, 1930, as one of the functions relating to infant life protection and public health, and which were formerly discharged by the Poor Law Authorities. This has the effect of making it obligatory to discharge vaccination functions under Public Health and not Poor Law powers. Since the transfer of these functions the work has been administered by the County Medical Officer, and all reports relating to Vaccination are submitted to him. According to the instructions of the Registrar-General, the following is a summary of the returns made by the Vaccination Officers relating to children whose births were registered during the year 1933.

	Per cent.
Successfully Vaccinated	19·6
Insusceptible of Vaccination	·01
Had Small-pox	Nil
Declarations of Conscientious Objection received	65·7
Died Unvaccinated	4·6
Postponement by Medical Certificate ...	·95
Removal to districts, the Vaccination Officers of which have been duly apprised ...	·91
Removal to places unknown	1·4
Number of cases not included under any of the above-named headings	6·4

The Registrar-General asks that the attention of the Council be drawn to the number of children who have not been duly vaccinated or otherwise accounted for as regards Vaccination, viz., 349 or 6·4 per cent., and he desires action to be taken.

From the reports which have been received from the District Medical Officers of Health, it would appear that no primary vaccinations or re-vaccinations have been performed by the Medical Officers of Health under the Public Health (Small Pox) Regulations, 1917.

The following is a return showing the number of persons successfully vaccinated and re-vaccinated at the cost of the rates by the Medical Officers of Poor Law Institutions and the Public Vaccinators during the year ended 30th September, 1934.

District No.	Name of Poor Law Institution or Vaccination District.	Name of Medical Officer or Public Vaccinator	Number of successful Primary Vaccinations of Persons :—			No. of successful Re-vaccinations i.e., successful Re-vaccinations of persons who had been successfully vaccinated at some previous time.
			Under one year of age.	One year and upwards.	Total.	
		Drs. :—				
1	Christchurch	W. F. Waudby-Smith	2	...	2	...
2	St. Woolos	J. Elgood	13	4	17	...
3	Abercarn Upper	M. Ryan	40	7	47	...
4	Abercarn Lower	E. M. Griffith	4	6	10	1
5	Mynyddislwyn	C. G. Mackay	38	5	43	5
6	Magor	G. R. Strong	1	...	1	...
7	Bedwas & Machen	C. P. Davies	41	5	46	3
8	Rogerstone	G. E. Hull	21	2	23	1
9	Maesycwmmwr	D. Macaulay	8	5	13	...
10	Caerleon	F. H. C. Watson	4	4	8	...
11	Marshfield	W. Irwin	5	...	5	...
12	Risca	N. N. Wade	33	15	48	6
13	Llantarnam	F. Carlton Jones	49	4	53	2
14	Malpas	H. A. Keane	12	1	13	2
15	St. Mellons	H. C. Conwy Joyce	9	...	9	...
16	Monmouth	W. H. Williams	18	8	26	8
17	Rockfield	W. H. Williams	24	10	34	2
18	Monmouth P.L. Inst	W. H. Williams	...	...	...	...
19	Trelleck	P. G. Harvey	1	...	1	...
20	Raglan	W. M. Langdon	11	3	14	...
21	Skenfrith	A. M. Humphry	...	...	...	...
22	Chepstow	T. L. Drapes	33	1	34	1
23	Shirenewton	T. L. Drapes	2	1	3	1
24	Caldicot	Owen T. Jones	20	2	22	...
25	Tintern	T. L. Drapes	6	...	6	1
26	Beaufort & Rassau	A. Brooks	11	2	13	3
27	Dukestown & Llechryd	A. H. Musgrove	15	1	16	1
28	Grosmont & Llangula	A. M. Humphry	2	...	2	...
29	Blaenavon	J. Reynolds	19	3	22	...
30	Llanarth	W. T. E. Blackmore	5	...	5	...
31	Abergavenny	D. W. Fryer	34	1	35	...
32	Abergavenny P.L. Inst	H. L. S. Griffiths	...	...	...	...
33	Llanhilleth	T. J. Frost	9	3	12	1
34	Usk	E. L. M. Hackett	19	...	19	1
35	Coedtyglic P.L. Inst.	J. Powell Jenkins	...	...	...	...
36	Panteg	J. Powell Jenkins	15	10	25	3
37	Abersychan (North)	R. J. S. Verity	3	3	6	...
38	Abersychan (Central)	J. B. MacQuillan	3	3	6	1
39	Pontypool	T. J. McAllen	2	9	11	3
40	Nantyglo	J. H. Verwey	8	4	12	...
41	Blaina	F. M. Wallen	10	6	16	6
42	Ebbw Vale, No. 1.	F. M. Fonseca	55	13	68	9
43	Ebbw Vale, No. 2.	J. McCaig	14	...	14	...
44	Ebbw Vale, No. 3.	A. Franklyn	25	1	26	...
45	Tredegarr	J. G. Owen	97	2	99	9
46	Rhymney	R. V. de Acton-Redwood	73	...	73	10
47	New Tredegarr	S. R. MacMillan	61	...	61	5
48	Abertyswg	L. C. Mascarenhas	32	3	35	3
49	Abertillery	W. F. Mulvey	23	16	33	6
50	Argoed & Hollybush	W. H. Reynolds	4	...	4	1
51	Aberbargoed & Pengam	S. R. MacMillan	75	3	78	2
52	Bedwellty P.L. Inst.	J. G. Owen	19	13	32	...
53	Blackwood	D. Macaulay	21	10	31	...
		Totals	1049	183	1232	97

Summary of returns under the Vaccination Acts, 1867—1907, and Vaccination Order, 1930, during the year ended 31st December, 1934:—

Vaccination Officer.	District.	No. of Cases on birth list.	No. of Certs. of Vaccination received	No. of Certs. of postponement.	No. of Conscientious objections.	No. of Cases.	
						Parents removed out of District	Otherwise not found
G. E. Coombe	Abergavenny	215	56	3	124	2	7 deaths
	Grosmont	8	1	—	7	—	—
E. J. Winstone	Llantarnam	142	41	1	79	1	4 deaths
	Rogerstone	352	85	7	269	3	7 deaths
H. C. Davies	St. Woolos	98	34	6	65	6	1 death
	Usk	55	21	1	26	6	—
E. J. Winstone	Monmouth	80	27	—	38	—	1 death
	Chepstow	206	81	2	96	3	5 deaths
R. H. Green	Caerleon	132	11	—	80	—	—
	Trelleck	79	34	3	27	—	—
J. Jenkins	Llanhilleth	159	11	7	105	2	—
J. Morgan	Blaenavon	198	17	—	161	—	—
	Abertillery	562	55	14	443	16	—
A. Phillips	Ebbw Vale	453	115	5	331	7	1
	Tredegar	634	161	—	395	14	1
	Rhymney	606	246	3	296	16	1
	Beaufort	72	19	—	49	—	—
E. Rowland	Mynydd'lwyn	768	101	15	610	38	—
A. E. Spencer	Pontypool	511	25	—	360	—	—
	Panteg	205	38	—	125	—	—
Totals	...	5535	1179	67	3686	114	3 & 25 deaths

Mr. E. J. Winstone was appointed Vaccination Officer for the Llantarnam, Rogerstone, St. Woolos, Monmouth and Chepstow Districts during the year.

The Beaufort District was transferred to the Bedwellty District in October, 1934.

SCARLET FEVER.

There has been a decrease in the number of cases of Scarlet Fever during the year, 1,253 cases being notified, as compared with 1,580 in 1933, 1,513 in 1932, 1,323 in 1931, 949 in 1930, 540 in 1929, 369 in 1928, and 353 in 1927. In 1934 there were 11 deaths, in 1933, 11 deaths; in 1932, 20 deaths; in 1931, 9 deaths; in 1930, 5 deaths; in 1929, 3 deaths; in 1928, 1 death, and in 1927, 2 deaths. Immediately upon receipt of a notification the Sanitary Inspectors of the County visit the case and issue instructions to the person in charge regarding isolation and treatment. Enquiries are also made as to the possible source of infection, and the sanitary conditions of the houses are investigated. At the termination of the case the house, bedding, etc., is thoroughly disinfected. Disinfectants are supplied to the home during the period of infection.

Extreme difficulty is experienced in dealing effectively with Scarlet Fever owing to the inadequate isolation hospital accommodation. It is, however, hoped that in the near future, a general scheme for the whole of the County will be put into operation, with the probable effect of checking the spread of infection. The "Dick" test does not appear to have been carried out in any of the Districts of the County.

DIPHTHERIA.

The number of cases of Diphtheria notified during the year 1934 was 835, which is an increase compared with the figure for the previous year, when the number was 459. During 1932, 478 cases were notified; in 1931, 455 cases; in 1930, 455 cases; in 1929, 459 cases; in 1928, 269 cases; and in 1927, 254 Cases. The number of deaths recorded in 1934 was 74; in 1933, 40; in 1932, 33; in 1931, 23; in 1930, 29; in 1929, in 27; in 1928, 20; and in 1927, 13. Examination of swabs taken from the nose and throat of children attending school is carried out for the purpose of discovering "carriers." These examinations are conducted at the County Laboratory, Newport, by the County Pathologist, Dr. Gwyn Rocyn Jones, and all "carriers" found are excluded from school. In most of the districts provision is made for the free supply of anti-toxin and can be obtained by the medical practitioners either from the Local Medical Officer of Health or from the Sanitary Inspector. Where possible cases of Diphtheria are isolated and treated in isolation hospitals, but as this provision is inadequate all the cases cannot be removed. The cases are regularly visited by the District Sanitary Inspectors, disinfectants are supplied, and observations made. At the termination of the case the premises are disinfected thoroughly. Where the local authority has the necessary facilities the bedding and clothing are removed for disinfection by means of a disinfecting apparatus. There are not many districts in the County in possession of a steam disinfecter. Special investigations have been made by Dr. W. R. Nash, Assistant Medical Officer, amongst the school and pre-school children of certain districts where there were outbreaks of Diphtheria during the years 1933 and 1934. Full and detailed reports, together with the results of the "Schick" testing of the children in these areas will be found in the Education Reports for this County for the years 1933 and 1934. In addition to these special investigations the County Laboratory was called upon to deal with a considerable number of Swabs and during the year 1934, 6,603 swabs were examined. The attention of the general practitioners in some districts has been called by the District Medical Officers to the facilities provided by the Monmouthshire County Council for bacteriological confirmation of this disease, free of charge.

ENTERIC FEVER.

Only three cases of Enteric Fever were notified in the year 1934. In 1933 there were 2 cases; in 1932, 1; in 1931, 16; in 1930, 19; in 1929, 27; in 1928, 20; in 1927, 16; and 1926, 10 cases. No deaths were recorded in the year 1933. There was one death during 1932. In 1931 there were 3 deaths, in 1929, 6 deaths, in 1928, 5 deaths, and in 1927, 3 deaths. The cases notified to the County Medical Officer occurred in the Ebbw Vale Urban District. Immediately upon receipt of a notification the case is visited by the District Sanitary Inspector, and instructions are given for the removal of the case to an Isolation Hospital. In addition, every effort is made to trace the source of infection. Samples of water are collected by the County Sanitary Inspector, and are examined at the County Laboratory, Newport, by the County Pathologist.

ERYSIPELAS.

There were 128 cases of Erysipelas notified during the year 1934, as compared with 134 cases in the year 1933, 92 in 1932, 90 in 1931, 112 in 1930, 116 in 1929, 73 in 1928, and 67 in 1927. The disease was fairly evenly spread throughout the County.

PUERPERAL FEVER AND PUERPERAL PYREXIA.

During the year 1934, notifications of 10 cases of puerperal fever were received under the Public Health (Puerperal Fever and Puerperal Pyrexia) Regulations, 1926, from the District Medical Officers of Health. The notifications were received from the following urban districts—Abergavenny 2, Bedwas and Machen 2, Bedwellty 1, Ebbw Vale 1, and Tredegar 4. Thirteen deaths were registered. The cases of Puerperal Fever investigated by the County Midwives' Inspectresses showed that all cases were attended by registered midwives. Every precaution possible is taken to prevent the spread of infection. A visit of inspection is made immediately on receipt of the notification, and the midwife is prohibited from attending other cases until she has left the infected case and has allowed 24 hours to elapse for thorough disinfection of herself, her instruments and her clothing. Compensation is paid to the midwife for any case which she may lose through this suspension. On the 1st October, 1926, puerperal pyrexia became a notifiable disease in addition to puerperal fever. Puerperal pyrexia is defined as any febrile condition (apart from puerperal fever) occurring in a woman within 21 days after childbirth in which a temperature of 100·4 degrees Fahr. or more has been sustained during a period of 24 hours. 24 cases of puerperal pyrexia were notified in 1934 and all were followed up by the Inspectresses of Midwives. A scheme for the provision of facilities for diagnosis and treatment of cases is in operation. Under the scheme the services of Dr. G. I. Strachan, M.D., F.R.C.S., of Cardiff, have been retained as consultant obstetrician, and his services have been requisitioned frequently by the medical practitioner in

attendance upon the case. Cases requiring hospital treatment are sent to an Infectious Diseases Hospital (two were admitted to Isolation Hospitals during the year) and any necessary bacteriological examination is made by Dr. Gwyn Rocyn Jones, County Bacteriologist, at the County Laboratory, Newport.

INFANTILE DIARRHOEA.

Six cases of this disease were discovered during visits to homes, and 3 re-visits paid, as against 7 and 2 re-visits in the year 1933. Twenty-eight deaths were registered in children under two years of age giving a death rate of 5.0 per 1,000 births, as compared with 4.85 for the year 1933. All cases of which the Health Visitor has knowledge are visited, but it is obvious that very many cases do not come to her notice. This disease is not notifiable. During the years preceding the introduction of the County Maternity and Child Welfare Scheme, the death-rate averaged 11 per 1,000 births. The average rate for the past fifteen years, which includes one very hot summer, when the rate was 17.2, has been 7 per 1,000 births. It will be observed that the rate for 1934 is considerably below that average. The reduction in the rate in recent years is undoubtedly due to the greater care which is now observed in the feeding of infants and the measures taken by the Council to ensure a clean milk supply. The infective type of the disease is essentially one of the summer months and it varies in intensity according to the type of summer, many more cases occurring in really warm weather. During these months, the mothers attending the County Maternity and Child Welfare Centres are warned of the measures necessary to prevent the disease, and printed instructions to mothers in regard to these diseases are distributed by the Health Visitors at homes when cases are discovered.

ENCEPHALITIS LETHARGICA.

The number of cases of Encephalitis Lethargica notified during the year 1934, was 1, as compared with 5 in 1933, 3 in 1932, 8 in 1931, 9 in 1930, 6 in 1929, 13 in 1928, and 21 in 1927. The number of deaths recorded in 1934 was 4, compared with 6 in 1933, 5 in 1932, 8 in 1931, 15 in 1930, 7 in 1929, 13 in 1928, and 13 in 1927.

OPHTHALMIA NEONATORUM.

Thirty cases were notified under the Public Health (Ophthalmia Neonatorum) Regulations, as compared with 31 cases in the year 1933 and 32 cases in the year 1932. These cases, together with other cases of eye trouble reported by the midwives, making a total of 120 cases, were followed up by the Health Visitors, who paid 445 visits to them. In one case there was unsatisfactory conduct on the part of the midwife, and a warning letter was sent by the County Medical Officer. Since the first January, 1921, the Midwives practising within the Administrative

County have been supplied with bottles of Collosol Argentum, with which they are instructed to treat the eyes of all children at birth. The supply is renewed upon application to the County Maternity and Child Welfare Centres. There is no doubt that these precautionary measures have succeeded in greatly reducing the incidence of blindness due to gonococcal infection, for rarely in recent years is there blindness from this cause. The County Health Visitors are assiduous in their following up of infected cases. Medical treatment is urged for the slightest case, and frequent visits are paid to see that the mothers are properly attending to the eyes of the infants. The Venereal Diseases Inquiry Officer also follows up cases suspected of gonococcal infection, with a view to attendance at the Clinic.

Cases			Vision Un- impaired	Vision Impaired	Total Blindness	Deaths.
Notified	Treated					
	at Home	in Hospital				
31	22	9	31	—	—	—

CEREBRO SPINAL FEVER AND ACUTE POLIOMYELITIS.

Six cases of Cerebro-Spinal Fever, and one case of Acute Poliomyelitis were notified to the County Medical Officer during the year 1934, as compared with three cases and one case respectively during the year 1933. The Cerebro-Spinal Fever cases were notified from the following Urban Districts :—Aber-gavenny, Bedwellty, Ebbw Vale (3), and Mynyddislwyn, and the Acute Poliomyelitis case from Llanfrechfa Upper Urban District.

CHICKEN POX.

Three cases of Chicken Pox were notified during 1934, from the Aber-gavenny Urban District. The disease is no longer compulsorily notifiable in the majority of the districts of the County.

MEASLES.

There was a slight decrease in the number of deaths from Measles during the year 1934, 19 as compared with 22 in the previous year. The disease was fairly evenly spread throughout the County. Measles is not a notifiable disease, and therefore, difficulty is experienced in obtaining satisfactory records as to the extent of the disease. A large proportion of the cases is brought to the notice of the public health authorities by the Health Visitors and Attendance Officers when visiting the homes.

WHOOPING COUGH.

This disease is also not notifiable and it is again difficult to obtain satisfactory information regarding the number of infected persons. There were 27 deaths in 1934 as compared with 24 in 1933.

INFLUENZA.

As in the case of Whooping Cough and Measles, very little information of a satisfactory nature can be obtained regarding the number of persons attacked. The number of deaths recorded in 1934 was 59 as compared with 183 in 1933.

PUBLIC HEALTH (PNEUMONIA, MALARIA, DYSENTERY, ETC.,) REGULATIONS.

230 cases of Pneumonia were notified during the year 1934, as compared with 309 in 1933. There were 195 deaths registered in 1934 and 231 in 1933. The notification of this disease is by no means satisfactory, and the figures relating to the number of notifications is no indication of the number of persons who actually suffered from the disease. The attention of the medical practitioners of the County is continually being brought to their duties under these Regulations.

ANTHRAX.

There were no cases of Anthrax notified during the year 1934.

CANCER.

The number of deaths from Cancer recorded during the year 1934 was 397, which shows an increase upon the figure for 1933 (379). In 1932 there were 352 deaths, in 1931, 394 deaths; in 1930, 374 deaths; in 1929, 360 deaths; in 1928, 345 deaths; in 1927, 317 deaths. As in previous years practically the whole of the deaths occurred in persons between the ages of 45 and 65 and upwards. Very little comment is offered by the Local Medical Officers respecting this disease.

RATS, ETC.

Most of the districts have made arrangements for the destruction of rats, etc., upon their property. The refuse tips in some of the areas, it is reported, are infested with rats, and extensive baiting has been applied. As the condemned foodstuffs are usually buried at these tips, rats and other pests make the tips their breeding grounds. Until some other method for the disposal of refuse, condemned foodstuffs, etc., is adopted, in the form of refuse destructors, it is necessary that strict supervision shall be maintained and the destruction of rats, etc., continued.

DISINFECTION.

SCHOOLS.—On the outbreak of an infectious disease in a district and the schools being closed in consequence, the County Sanitary Inspector disinfects all the departments in the schools. A suitable solution of disinfectant is used and the method adopted is that of spraying, a MacKenzie Spray being found to be the most suitable apparatus for this work. It has also been found necessary in some instances to fumigate parts of the school premises.

ROOMS, Etc.—Where a case of infectious disease has been isolated in, or removed from a home, the District Sanitary Inspector disinfects the premises. The methods generally adopted are by gaseous or liquid disinfectants, and sometimes both are used in conjunction.

BEDDING, CLOTHES, Etc.—As already stated, very few of the Councils in the County have the proper facilities for the disinfection of these articles. Owing to the recent epidemic of Small Pox some of the districts have made arrangements with an Authority which is in possession of a steam disinfecter. It is noted that some of the District Medical Officers have recommended to their Councils the advisability of providing steam disinfecting apparatus for their areas. As it is obvious that disinfection of bedding and clothes by steam is the most thorough, it is hoped that the Councils concerned will provide the necessary machines. Disinfectants, both liquid and powder are still available in the districts to the persons responsible for the care of patients suffering from infectious disease.

PREVENTION OF BLINDNESS.

Arrangements are made under the Section of the Public Health (Amendment) Act, 1925, for the examination of persons with a view to the prevention of blindness, and assistance is granted by the appropriate Committee of the County Council. Spectacles are provided upon the recommendation of the Ophthalmic Surgeon, and arrangements are made, where necessary, for operations to be performed, also the treatment in hospital of persons ordinarily resident within the County and suffering from any disease of, or injury to the eyes.

TUBERCULOSIS.

Under the Tuberculosis Regulations (1930), and in the year 1934, 303 cases of Pulmonary Tuberculosis were notified and 227 deaths were registered. Of other forms of Tuberculosis, 123 cases were notified and 46 deaths registered.

The total number of notifications received during the year was 318 Pulmonary and 130 Non-Pulmonary Tuberculosis, of which 15 and 7 respectively were duplicates. Cases are sometimes notified to the District Medical Officers of Health by the patient's Medical Attendant, and also by the Tuberculosis Physician during the same week.

As stated in previous reports, arrangements have been made with the District Registrars to supply to the County Medical Officer, particulars of all deaths from Tuberculosis. These cases were again compared with the cases notified by the District Medical Officers of Health, and when it was found that a death registered by the District Registrar had not been notified by the District Medical Officer of Health, it was included in the special return of new cases coming to the knowledge of the Medical Officer of Health otherwise than by formal notification under the Public Health (Tuberculosis) Regulations, 1930.

There are still some District Medical Officers of Health who are not furnishing the Department with particulars of cases of Tuberculosis in spite of repeated efforts by the County Sanitary Inspector.

It will be observed from the table included below that there is a further decrease in the notification rates for both Pulmonary and Non-Pulmonary Tuberculosis. The high notification rates can be attributed to the efforts of the Public Health Department in obtaining, as far as possible, correct records of Tuberculosis cases occurring in the districts from the District Medical Officers of Health.

Regarding the death rates from Pulmonary and Non-Pulmonary Tuberculosis, it is very gratifying to be able to record a slight decrease in the rates for Pulmonary and Non-Pulmonary cases.

The following table giving the notification rates and death rates for 1,000 of the estimated population is submitted for the purpose of comparison :—

Year.	Notification rate per 1,000 of population.		Death rate per 1,000 of population	
	Pulmonary.	Non-Pulmonary.	Pulmonary.	Non-Pulmonary.
1921 ...	·86	·21	7	·2
1922 ...	1·05	·34	·69	·18
1923 ...	1·18	·51	·65	·21
1924 ...	·93	·29	·68	·2
1925 ...	·90	·35	·69	·18
1926 ...	1·07	·44	·57	·17
1927 ...	·93	·42	·61	·19
1928 ...	1·27	·49	·73	·179
1929 ...	1·22	·41	·65	·15
1930 ...	1·03	·46	·66	·18
1931 ...	1·15	·43	·70	·15
1932 ...	1·35	·57	·65	·16
1933 ...	1·16	·41	·69	·15
1934 ...	·89	·36	·66	·13

Summary of notifications by District Medical Officers of Health to the County Medical Officer, under the Public Health (Tuberculosis) Regulations 1930, during the period 1st January, 1934, to the 31st December, 1934, with the number of Deaths notified by the Registrar General.

Age Periods	Primary Notifications on Form A					Age Periods.	DEATHS.				
	Pulmonary.		Non-Pulmonary.				Pulmonary.		Non-Pulmonary		
	Males.	Females.	Males.	Females.	Total.		Males.	Females.	Males.	Females.	Total
0	—	1	—	—	1	0	—	1	—	3	4
1	1	2	8	3	14	1	—	1	—	3	4
5	5	10	6	3	24	2	—	—	2	—	2
10	7	14	15	10	46	5	2	3	6	5	16
15	19	29	11	12	71	15	33	40	4	5	82
20	23	35	12	10	80	25	27	37	4	5	73
25	41	36	6	10	93	35	21	21	2	—	44
35	23	14	4	7	48	45	16	7	3	—	26
45	15	12	3	—	30	55	6	7	3	1	17
55	7	4	3	—	14	65	5	—	—	—	5
65 and upwards	2	3	—	—	5	75	—	—	—	—	—
	143	160	68	55	426		110	117	24	22	273

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health or Chief (Administrative) Tuberculosis Officer during the period, 1st January, 1934, to the 31st December, 1934, otherwise than by formal notification under the Public Health (Tuberculosis) Regulations, 1930.

Age Periods.	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total Cases
Pulmonary Males	—	—	—	—	1	5	3	7	5	3	1	25
Pulmonary Females	—	—	—	—	2	3	12	4	—	1	—	22
on-Pulmonary Males	—	1	1	2	—	1	1	—	3	2	—	11
on-Pulmonary Females	—	2	2	—	—	—	1	—	—	—	—	5

Source of above Information.	No. of Cases	
	Pulmonary	Non-Pulmonary
Death Returns { from local Registrars	36	11
transferable deaths from Registrar-General	4	2
Posthumous notifications	5	2
"Transfers" from other areas (other than transferable deaths)	2	1
Other Sources if any	—	—

From the above it will be seen that 47 non-notified deaths (17.2 per cent.) from Tuberculosis were discovered through examination of the death returns received from the District Registrars.

The following is a summary of the cases of Tuberculosis remaining on the Registers of Notifications, kept by the District Medical Officers of Health in the County, at the end of each year (1926—33), which has been compiled from the returns submitted by the District Medical Officers of Health in accordance with the requirements of the Public Health (Tuberculosis) Regulations, 1930 :—

Year.	Pulmonary.			Non-Pulmonary.			Total Cases
	Males.	Females	Total.	Males.	Females	Total.	
1926	1101	999	2100	416	325	741	2841
1927	888	819	1707	488	338	826	2533
1928	932	964	1896	432	388	820	2716
1929	1030	1025	2055	459	407	866	2921
1930	1085	1080	2165	521	432	953	3118
1931	1194	1072	2266	562	487	1049	3315
1932	1172	1066	2238	565	498	1063	3301
1933	1223	1131	2354	598	527	1125	3479
1934	1182	1106	2288	596	518	1114	3402

No of Cases removed from the Registers during the year by reason <i>inter alia</i> of :—	Pulmonary			Non-Pulmonary.			Total Cases
	M.	F.	Total.	M.	F.	Total	
1.—Withdrawal of notification	—	1	1	1	—	1	2
2.—Recovery from the disease	71	51	122	50	39	89	211
3.—Death	112	112	224	23	17	40	264
4.—Left district permanently	46	45	91	10	15	25	116

In the Report for the year 1931, it was pointed out that the Ministry of Health were seriously concerned at the discrepancies discovered in the above summary for that year. In their quarterly returns to the County Medical Officer of Health under the Public Health (Tuberculosis Regulations), 1930, District Medical Officers of Health should include particulars of all cases removed from the Tuberculosis Registers with the reasons therefor. The Ministry pointed out that there was a great difference between the number of cases removed from the Register by death in 1931, and the number of deaths recorded by the Registrar-General for the same year. It was obvious, therefore, that some Dis-

trict Medical Officers of Health were not properly keeping their Notification Registers, and to make a correct return, the District Registers must be compared with the quarterly death returns which are received by the District Medical Officers of Health.

Several of the District Medical Officers were interviewed by the County Sanitary Inspector during the year 1932, and their Registers examined. It was found in the majority of instances that co-operation between the Tuberculosis Physician and the District Medical Officers of Health had been the means of improving the keeping of these Registers.

A marked improvement was noticed during the year 1932, but the 1933 figures were again inaccurate—290 deaths from tuberculosis being recorded by the Registrar-General, and 259 cases were removed from the Registers by the District Medical Officers.

The figures for the year 1934 are 273 deaths from tuberculosis recorded by the Registrar-General, and 264 cases removed from the Registers by the District Medical Officers. It will be seen that there has been an improvement compared with last year, but it is evident that some of the District Medical Officers are still lax in their duties under these regulations.

Cases of Tuberculosis notified under the Public Health (Tuberculosis) Regulations, 1930, during the year ended 31st December, 1934,
with reports upon Examinations of Sputa, etc., at the
County Laboratory, Newport.

DISTRICTS AND SUB-DISTRICTS.			PULMONARY.				OTHER T. B. DISEASES.				Total.
			Cases notified.	Result of Lab. examination.		Specimen not submitted.	Cases notified.	Result of Lab. examination.		Specimen not submitted.	
				Pos.	Neg.			Pos.	Neg.		
URBAN.											
Abercarn											
Cwmcarn	...	...	3	1	—	2	1	—	—	1	4
Crumlin	...	...	3	—	1	2	—	—	—	—	3
Abercarn	...	...	1	—	—	1	—	—	—	—	1
Newbridge	...	...	11	4	3	4	1	—	—	1	12
Abergavenny											
Abergavenny	...	...	6	2	2	2	2	—	—	2	8
Abersychan											
Garndiffaith	...	...	8	2	3	3	3	—	—	3	11
Pontnewynydd	...	...	9	2	3	4	1	—	—	1	10
Pontypool	...	...	6	2	3	1	4	1	—	3	10
Talywain	...	...	3	2	—	1	—	—	—	—	3
Abersychan	...	...	3	1	—	2	3	1	—	2	6
Penygarn	...	...	1	—	—	1	—	—	—	—	1
Abertillery											
Abertillery	...	...	15	7	5	3	4	1	—	3	19
Six Bells	...	...	6	3	1	2	1	—	—	1	7
Llanhilleth	...	...	2	2	—	—	—	—	—	—	2
Aberbeeg	...	...	3	1	1	1	—	—	—	—	3
Crumlin	...	...	1	1	—	—	1	1	—	—	2
Bedwas & Machen											
Machen	...	...	—	—	—	—	2	—	—	2	2
Trethomas	...	...	5	—	2	3	—	—	—	—	5
Bedwas	...	...	1	—	—	1	—	—	—	—	1
Maesycwmmmer	...	...	1	—	—	1	—	—	—	—	1
Bedwellty											
Argoed	...	...	4	2	1	1	1	—	—	1	5
Cefn Forest	...	...	5	2	2	1	5	1	1	3	10
Blackwood	...	...	12	4	5	3	5	1	1	3	17
New Tredegar	...	...	14	6	5	3	4	—	1	3	18
Aberbargoed	...	...	8	3	3	2	2	—	—	2	10
Pengam	...	...	2	—	1	1	2	—	—	2	4
Markham	...	...	1	—	—	1	1	—	—	1	2
Hollybush	...	...	1	—	—	1	—	—	—	—	1
Bedwellty	...	...	1	—	—	1	—	—	—	—	1

DISTRICTS AND SUB-DISTRICTS	PULMONARY.				OTHER T.B. DISEASES.				Total.
	Cases Notified	Result of Lab. examination		Specimen not submitted	Cases Notified	Result of Lab. examination		Specimen not submitted	
		Pos.	Neg.			Pos.	Neg.		
Blaenavon									
Blaenavon	14	3	5	6	5	—	1	4	19
Caerleon.									
Caerleon	3	—	—	3	2	—	—	2	5
Chepstow									
Ebbw Vale									
Beaufort	6	1	2	3	6	—	1	5	12
Cwm	5	1	1	3	4	—	1	3	9
Ebbw Vale	22	8	7	7	12	2	2	8	34
Waunllwyd	1	—	—	1	1	—	—	1	2
Llanfrechfa Upper.									
Upper Cwmbran	3	—	—	3	—	—	—	—	3
Pontnewydd	4	—	1	3	—	—	—	—	4
Llantarnam.									
Cwmbran	4	—	1	3	2	—	—	2	6
Monmouth									
Monmouth	1	—	—	1	1	—	—	1	2
Mynyddislwyn.									
Pontllanfraith	3	—	—	3	2	—	—	2	5
Oakdale	4	—	1	3	—	—	—	—	4
Ynysddu	1	—	—	1	1	—	—	1	2
Blackwood	1	—	—	1	—	—	—	—	1
Penmaen	—	—	—	—	2	—	1	1	2
Fleur-de-lis	2	—	—	2	—	—	—	—	2
Nantyglo & Blaina									
Blaina	10	3	3	4	4	—	1	3	14
Nantyglo	4	1	—	3	2	—	—	2	6
Panteg.									
Griffithstown	6	—	2	4	1	—	—	1	7
Pontypool	2	—	—	2	1	—	—	1	3
Sebastopol	2	—	1	1	—	—	—	—	2
Pontymoile	1	—	—	1	1	—	—	1	2
Pontypool									
Pontypool	12	3	3	6	3	—	—	3	15
Rhymney									
Abertysswg	2	—	—	2	—	—	—	—	2
Rhymney	3	—	—	3	4	—	—	4	7
Rhymney Bridge	1	—	—	1	—	—	—	—	1
Risca									
Crosskeys	1	—	—	1	2	—	—	2	3
Risca	13	3	5	5	2	—	—	2	15
Wattsville	3	—	—	3	—	—	—	—	3

DISTRICTS AND SUB-DISTRICTS				PULMONARY.			OTHER T.B. DISEASES.			Total		
				Cases Notified	Result of Lab examination		Specimen not submitted	Cases Notified	Result of Lab. examination		Specimen not submitted	
					Pos.	Neg.			Pos.			Neg.
Tredegar.												
Tredegar	...	...	29	9	8	12	18	1	4	13	47
Usk.												
Usk	...	...	—	—	—	—	1	—	—	1	1
RURAL.												
Abergavenny												
Raglan	...	...	1	—	—	1	—	—	—	—	1
Pandy	...	...	—	—	—	—	2	—	—	2	2
Govilon	...	...	—	—	—	—	1	—	—	1	1
Llanfoist	...	...	—	—	—	—	1	—	—	1	1
Mardy	...	...	1	—	—	1	—	—	—	—	1
Llanfihangel	...	...	2	—	—	2	—	—	—	—	2
Llanvetherine	...	...	1	—	—	1	—	—	—	—	1
Llanvapley	...	...	—	—	—	—	1	—	—	1	1
Chepstow												
Magor.												
Christchurch	...	...	2	—	—	2	2	—	—	2	4
Whitsun	...	...	2	—	—	2	—	—	—	—	2
Newport	...	...	4	—	—	4	—	—	—	—	4
Monmouth												
Cross Ash	...	...	—	—	—	—	1	—	—	1	1
Skenfrith	...	...	1	—	—	1	—	—	—	—	1
Pontypool.												
Llangibby	...	...	—	—	—	—	1	—	—	1	1
Little Mill	...	...	—	—	—	—	1	—	—	1	1
St. Mellons.												
Newport	...	...	10	1	4	5	1	—	—	1	11
Rhiwderin	...	...	1	—	—	1	—	—	—	—	1
Rogerstone	...	...	2	—	—	2	1	—	—	1	3
Rumney	...	...	3	—	1	2	—	—	—	—	3
Henllys	...	...	1	—	—	1	—	—	—	—	1
Marshfield	...	...	1	—	—	1	—	—	—	—	1
Bassaleg	...	...	—	—	—	—	1	—	—	1	1
St. Mellons	...	...	1	—	—	1	—	—	—	—	1
Malpas	...	...	3	—	—	3	1	—	—	1	4
Totals				335	80	86	169	134	9	14	111	469

The reports of the Tuberculosis Physicians for the year are as follows :—

WEST MONMOUTHSHIRE AREA.

Dr. Frank Wells.

TIME TABLE.

Pontllanfraith	...	Tuberculosis Institute	Every Monday at 10.30 a.m.
		Llanarth Road	Every Friday at 10.30 a.m.
Abertillery	...	85, Queen Street	Every Wednesday at 11 a.m.
Blaina	...	18, Abertillery Road	Second Wednesday at 11 a.m.
Ebbw Vale	...	Central Surgery	Every Tuesday at 11 a.m.
Tredegar	...	Central Surgery	Every Thursday at 12 noon.
Pengam	...	Post Office Chambers	1st and 3rd Mondays at 11 a.m.
Rhymney	...	Central Surgery	2nd Monday at 12.30 p.m.
Risca	...	4 Church Road Terr.	2nd and 4th Fridays at 11 a.m.
Trethomas	...	Dr. Cecil Davies'	4th Monday at 12.30 p.m.
		Surgery	...

Return showing the work of the Area during the year 1934

Diagnosis	Pulmonary				Non-Pulmonary				Totals			
	Adults		Children		Adults		Children		Adults.		Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A. New cases examined during the year (excluding contacts)—												
(a) Definitely tuberculous	72	68	6	10	16	15	16	6	88	83	22	16
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	—	—	—	—
(c) Non-tuberculous	—	—	—	—	—	—	—	—	327	218	249	190
B. Contacts examined during the year :—												
(a) Definitely tuberculous	1	2	—	2	—	—	—	—	1	2	—	2
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	—	—	—	—
(c) Non-tuberculous	—	—	—	—	—	—	—	—	52	76	83	73

Consultations with Medical Practitioners: (a) Personal, 405; (b) Other, 2,287; Visits by Tuberculosis Officer to homes (including personal Consultations), 732; Visits by Nurses or Health Visitors to homes for Dispensary purposes, 3,575; Specimens of Sputum, etc., examined, 710; X-ray examinations made in connection with Dispensary work; Films, 1,045, Screenings, 312; Attendances at the Dispensaries and Visiting Stations, 5,892.

DIAGNOSIS OF NEW CASES SEEN DURING THE YEAR.

PULMONARY CASES. Adults only, *i.e.*, over 15 years of age.

(1)	(2) Total number of new cases examined.	(3) Definitely Tuberculous.	(4) Probably Tuberculous.	(5) Doubtfully Tuberculous.	(6) Probably Non- Tuberculous.	(7) Certainly not Tuberculous.	
						(a) Patient deemed healthy.	(b) Other diagnosis made.
Men ...	357	72	10	32	35	15	193
Women ...	247	68	9	17	19	14	120

Analysis of Column 7 (b), giving diagnosis arrived at:—

Males (Pulmonary).

Dust ...	84	Neurasthenia ...	3	Emphysema ...	2
Chronic bronchitis	39	Post-pneumonic		Aortic stenosis ...	1
Morbus cordis ...	22	fibrosis ...	2	Aortic dilatation ...	1
Post-influenzal		Chronic asthma ...	2	Pleurodynia ...	1
debility ...	16	Pneumonia ...	2	Gastric ulcer ...	1
Nasal obstruction	3	Empyema ...	2	Catarrhal laryngitis	1
Tonsillitis ...	3	Neoplasm ...	2	Haematemesis ...	1
Muscular rheumatism	3	Syphilis ...	2		

Females (Pulmonary).

Bronchitis ...	26	Rheumatism ...	3	Emphysema ...	1
Morbus cordis ...	20	Post-pneumonic		Chorea ...	1
Post-influenzal debil-		fibrosis ...	3	Empyema ...	1
ity ...	18	Neurosis ...	3	Neoplasm ...	1
Pleurodynia ...	12	Post-puerperal fever	3	Septic throat ...	1
Bronchial asthma ...	8	Laryngitis ...	2	Coryza ...	1
Gastritis ...	8	Syphilis ...	2	Leucorrhoea ...	1
Bronchiectasis ...	4	Neuritis ...	1		

NON-PULMONARY CASES. Adults and Children.

(1)	(2) Total number of new cases examined.	(3) Definitely Tuberculous.	(4) Probably Tuberculous	(5) Doubtfully Tuberculous.	(6) Probably Non- Tuberculous.	(7) Certainly not Tuberculous.	
						(a) Patient deemed healthy.	(b) Other diagnosis made.
Men ...	58	16	1	3	6	3	29
Women ...	54	15	2	3	2	2	30
Boys ...	74	16	1	8	6	6	37
Girls ...	53	6	3	6	4	4	30

Analysis of Column 7 (b), giving diagnosis arrived at:—

Males (Non-Pulmonary).

Trauma ...	7	Sub-acute rheumatism	2	Gastric ulcer ...	1
Neoplasm ...	3	Gonococcal arthritis	2	Septic adenitis ...	1
Syphilis ...	2	Gastro-enteritis ...	2	Ulcer of bladder ...	1
Septic osteomyelitis	2	Sepsis ...	2	Renal calculus ...	1
Rheumatoid arthritis	2	Oxaluria ...	1		

Females (Non-pulmonary).

Rheumatism ...	5	Rheumatoid arthritis	2	Sciatica ...	1
Trauma ...	4	Pregnancy ...	2	Sepsis ...	1
Acute constipation	3	Ovaritis ...	2	Congenital malform-	
Menopause ...	3	Dysmenorrhoea ...	2	ation ...	1
Appendicitis ...	2	Septic osteomyelitis	1	Lipoma ...	1

Boys (Non-pulmonary).

Gastro-enteritis ...	10	Septic glands ...	2	Congenital syphilis	1
Trauma ...	8	Rheumatism ...	2	Appendicitis ...	1
Vermiculosis ...	3	Sepsis ...	2	Coxa vara ...	1
Tonsils and adenoids	3	Erythema nodosum	1	Septic teeth ...	1
Malnutrition ...	2				

Girls (Non-pulmonary).

Gastro-enteritis ...	6	Chronic appendicitis	2	Postural scoliosis ...	1
Rheumatism ...	4	Vermiculosis ...	2	Congenital abnormality	1
Trauma ...	4	Sepsis ...	2	Perthes ...	2
Tonsillitis ...	3	Constipation ...	2	Eczema ...	1

GENERAL OBSERVATIONS.—The total number of new cases (exclusive of contacts) examined during the year was 1,193, giving a percentage of definitely tuberculous cases of approximately 17·5.

The corresponding figures for the previous year were 1,266 and 20 respectively.

The total number of contacts examined was 289, with a percentage of approximately 1·7 definite cases.

The corresponding figures for the previous year were 287 and 1 respectively.

The total number of attendances at the Institute and Visiting Stations was 5,892, being a decrease of 244 on the figures for the previous year.

The number of X-ray films taken was 1,045, being an increase of 95 on last year's figures. In addition, 312 screenings were done, chiefly in connection with artificial pneumothorax work.

The total number of sputum, etc., specimens examined was 710, as compared with 698 during the previous year.

The number of personal consultations with general practitioners during the year was 405, as compared with 507 during the previous year, and the number of visits (viz. 732) paid by the tuberculosis physicians to patients' homes shows an increase of 79.

Domiciliary visits paid for dispensary purposes by nurses during the year reached the total of 3,575, being an increase of 1,555 on the figures of the previous year.

During the year, 173 deaths were notified as due to tuberculosis in this area. Of these, 135 were referred to the Association, and of the remainder, 16 died from meningitis, three were notified after death, four died in public institutions, five were too acutely ill when medical aid was sought for treatment to be of any avail, five refused to allow the Tuberculosis Officer to be consulted, and five were notified by *locum tenentes* who were unfamiliar with the usual procedure.

The above figures show that the last year's work was satisfactory from several points of view. The decrease in the total number of new patients was probably due to the absence of the influenza epidemic which, unfortunately, prevailed in the Western Valleys during the earlier part of the previous year; and it is to be noted that the percentage of patients found to be suffering from definite tuberculosis dropped from 20 to 17·5—which certainly tends to

encourage the hope that the incidence of the disease is slowly but surely on the down grade.

Another point to be stressed is the incalculable value of X-rays examination in helping to form a definite opinion as to diagnosis much earlier than was possible in bygone days, when there was no apparatus installed at Pontllanfraith: the inevitable consequence is the curtailment of the period of "observation," with a corresponding decrease in the total number of attendances at the various clinics. Furthermore, patients who live on the Glamorgan side of the upper Rhymney Valley (Merthyr Area), as well as certain patients of the Monmouthshire County Orthopaedic Clinic, are sent to Pontllanfraith in order that X-rays films may be taken. It may also be mentioned that a number of men claiming compensation for silicosis were X-rayed during the year at the request of the medical referees.

The large number of personal consultations is a particularly gratifying demonstration of the amicable relations existing between the Memorial physicians and the general practitioners in the area (without a single exception). Moreover, the ever-increasing number of domiciliary visits include examination of patients in the several local hospitals; and a visit to a patient's house is of great value as a means of ascertaining the actual surroundings in which a patient lives—thus affording a good opportunity for the physician to give timely advice as to the care and treatment of a tuberculous patient at home (especially as regards precautions necessary to prevent the disease infecting other members of the family).

COMMENTS ON DIAGNOSIS AND TREATMENT.—Although the exceptionally fine weather last year was partly responsible for a marked decrease in the incidence of such complaints as bronchitis, the "common cold," etc., it undoubtedly caused many patients suffering from pulmonary tuberculosis to break down in health by tempting them to indulge in the popular craze for "sun-bathing"; for it is now accepted and taught as an incontrovertible fact that over-exposure of the chest to direct sunshine is a source of danger to the consumptive and may cause a severe exacerbation of the disease.

As in previous years, a large number of miners who were sent to the various clinics as suspected cases of phthisis were found to be suffering from bronchitis or from bronchitis associated with "dust". In a few cases, super-added tuberculosis was demonstrated by the presence of tubercle bacilli in the sputum: doubtful cases were recommended to hospital or sanatorium for further observation, and the remainder (after repeated examinations of the sputum with negative results) were referred back to their own doctors. It is interesting to notice that some of the last-mentioned were afterwards successful in obtaining partial or full compensation for incapacity due to "silicosis."

Another point to which attention may be drawn is the ever-increasing use which is being made of artificial pneumothorax in the present-day treatment of pulmonary tuberculosis. This is well illustrated by the following figures from the records of this area :—

During 1932 there were	31	refills given to	2	patients.
„ 1933 „ „	62	„ „ „	6	„
„ 1934 „ „	149	„ „ „	15	„

After the introduction of modern sanatorium methods, artificial pneumothorax was the next great advance in the treatment of pulmonary tuberculosis. At first regarded with diffidence and suspicion, it slowly but surely won recognition as a therapeutic procedure of remarkable efficacy and value in the treatment of suitable cases by resting a diseased lung so that it may thus have a more favourable chance of healing. The method adopted is to collapse the lung by introducing air into the pleural cavity. The ideal case for this treatment is the patient with disease in one lung only, or, failing that, where the other lung is only slightly affected.

While in hospital or sanatorium, suitable patients are carefully selected for this treatment, which, except for very special circumstances, should always be started in an institution. If all goes well, they are discharged when they are up all day, leading a fairly active life, and having “refills” of air at intervals of two or three weeks. In some cases, the effect of this treatment is almost dramatic: haemorrhage ceases, fever subsides, sputum diminishes or disappears, cough is lessened, appetite returns, weight increases, and there is a general all-round improvement.

On returning home, arrangements are made for these patients to attend for their “refills” at the Pontllanfraith Institute, where their progress can be controlled and watched by means of X-ray screening before and after each “refill,” and periodical films are taken with special regard to the condition of the other lung. So far as West Monmouthshire patients are concerned, the results of artificial pneumothorax are eminently satisfactory: they are all doing well, two men are working, one is quite fit and looking for work, and all the others—men and women (except one) are leading practically normal lives. As a rule, the treatment is continued for two to three years: in some instances it is supplemented by the operation known as phrenic evulsion.

As in previous years, contacts to infectious patients have been examined systematically so far as time and circumstances allowed; suspicious cases were X-rayed, and, if not definitely tuberculous, arrangements were made for them to be re-examined periodically.

Apart from contacts, many children are examined at the Institute and Visiting Stations. Most of these are sent by the school medical officers and by

the doctors in charge of the infant welfare clinics. Very few are found to be suffering from active tuberculosis, although many show signs of having been infected—and this will continue to be so until the time comes when a pure milk supply is available and all infectious tuberculous patients are effectively segregated. Much of the ill-health of small children is due to improper feeding (dietetic errors) or to inadequate sleep—for which the parents are to be blamed in the majority of cases.

Although full advantage has been taken of the facilities available for institutional treatment (both in-patient and out-patient), it has always been a problem to decide on what to do with patients referred to the Memorial clinics on account of some non-tuberculous chest trouble obviously needing treatment, e.g., chronic empyema, lung abscess, bronchiectasis, etc. It appears as if they are sent to the Memorial clinics because the general hospitals can not or will not deal with them: moreover, the radical treatment of these conditions is possible only when the services are available of a surgeon with special experience in chest surgery.

Now that the Association has appointed Mr. Price Thomas, F.R.C.S., to be Thoracic Surgeon to the South Wales district, it is to be hoped that such patients may be referred to him with a view to any necessary operative treatment, for, as an eminent authority has truly said, "though they are few in number, their need is great."

The usual routine work at the clinics has consisted of clinical and radiological examination of patients' aspiration of cold abscesses, Von Pirquet tests on children, courses of tuberculin injections in the case of certain patients suffering from genito-urinary or glandular tuberculosis, and an occasional Wasserman test in doubtful manifestations of specific disease.

The Highland Moors Sanatorium at Llandrindod Wells has received several small boys from this area during the past year, and the course of hygienic treatment under medical supervision has proved to be, in every case, of the utmost benefit. These boys, in the majority of cases, show no evidence of active disease: they are, as a rule, "delicate" children who have been exposed to tuberculous infection in their homes, and a few months of good food, fresh air, plenty of sleep and exercise (in conjunction with school lessons) works a transformation which has to be seen in order to be realized. A similar institution for small girls is much to be desired.

Pensioners. The number of pensioners attending the clinics continues to decrease owing to the fact that many have died, some have left the district, and others are quiescent or cured and require no treatment from the Association.

GENERAL AND SOCIOLOGICAL.—As the West Monmouthshire Area is industrial in character, it is very seriously affected by the prevailing trade depression. Many pits are closed, and others are working part-time only.

The unfortunate consequence is that thousands of men are out of work and they and their families have to depend for subsistence on unemployment pay or on Public Assistance. This means that, when rent and the cost of food and clothing are paid, there is practically nothing left to provide for extra expense when sickness occurs. Therefore, to take the case of tuberculosis patients only, it is difficult and often impossible for them to meet the cost of necessary clothing, or railway fares, when recommended for institutional treatment; nor are they able to provide the extra nourishment required when they return home.

It is much to be deplored that in the Western Valleys there are no committees with funds available solely for the after-care of tuberculous patients: if such were the case, many of these financial problems would be solved and the good results of institutional treatment would be prolonged. As things are at present, it too often happens that a patient who has made good progress at an institution (where an ample and varied diet plays an important part in the treatment) gradually deteriorates in health simply owing to the fact that the domestic exchequer is unable to provide for the extra nourishment which is so indispensable in these cases. The Public Assistance Authorities help to a certain extent, but an after-care committee (with available funds) would be able to do more and would also provide the tactful advice and assistance of sympathetic visitors.

Domiciliary visiting is an essential and ever-increasing feature of the work in this area: the Memorial staff (both medical and nursing) are always well received, and there is a remarkable lack of that prejudice against tuberculosis workers which is so pronounced in some parts of the country.

In regard to bed-ridden patients, much valuable help has been given by the local district nurses, and many old patients have been visited by the Area Sister with a view to keeping the office register up to date.

SURGICAL AFTER-CARE WORK.—There have been 12 special clinics for surgical patients during the year, at which the total number of attendances was 215. These clinics are of the utmost value, and the cordial co-operation, help, and advice of Dr. Brownlee and Dr. Kenyon Davies are much appreciated. (The genial presence of Dr. Kenyon Davies will be very much missed now that he has been transferred to the Cardigan Area. He takes with him the best wishes of the West Monmouthshire staff.)

In connection with these clinics, 34 plasters and two extensions have been applied by Sister Williams and Sister Grey, and arrangements were made to fit patients with any necessary apparatus in the way of splints, spinal supports, etc. The patients who attend may be divided into two classes, viz. :—

- (1) those who have undergone a period of treatment in an institution, and
- (2) patients who are asked to attend in order that they may be examined in consultation with one of the surgical staff.

Generally speaking, the plasters are applied in the homes of the patients by Sister Williams or Sister Grey, and each patient is visited regularly by one of the Sisters, who duly reports progress to headquarters. If the patient is confined to bed in a place where there is a district nurse, arrangements are made whereby the nurse calls at the house to do any necessary dressings.

PERSONNEL.—Dr. Graham was transferred to the Mid-Glamorgan Area at the end of May, after two years' strenuous work in this area.

Dr. J. Glyn Jones was then appointed Assistant and brought with him much valuable experience gained in Kensington Hospital and North Wales Sanatorium. His practical knowledge of surgical tuberculosis is a great asset to the West Monmouthshire Area, where he has gained the confidence of patients and doctors by his amiable disposition and undemonstrative efficiency.

Miss Elizabeth Williams has performed the duties of Area Sister with her usual assiduity and zeal. In addition to the usual routine at the clinics, she has done much orthopaedic and domiciliary work.

As in previous years, the clerical work of the office has been well and conscientiously done by Miss Muriel Games.

MATERIEL.—During the year, the outside of the Pontllanfraith Institute has been painted, together with the office and the hall.

New accommodation for the Risca Clinic has been obtained at 4, Church Road Terrace, Risca.

ACKNOWLEDGEMENTS.—Grateful thanks are due to the County Medical Officer of Health (Dr. D. Rocyn Jones, C.B.E.), the County Hall staff, the local medical officers of health, the medical officers in charge of the school and infant welfare clinics, and to the general practitioners in the West Monmouthshire Area for their ever-ready help and co-operation in the anti-tuberculosis work of the district.

The kindly consideration and assistance given by the Head Office staff throughout the year have been very much appreciated.

NEWPORT AND EAST MONMOUTHSHIRE AREA.

DR. A. CARVETH JOHNSON.

TIME TABLE.

Newport	...	4, Palmyra Place	...	Mondays, 10 a.m., Men. 2.30 p.m., Women. Wednesday, 10 a.m., Men. 2.30 p.m., Children. Thursdays by previous appointment. Fridays, 10 a.m. 2nd Friday in each month, Orthopaedic Clinic, 10 a.m. Saturdays, 10 a.m. County patients only.
Pontypool	...	Park Buildings	...	Tuesdays, 10.30 a.m. Thursdays, 10.30 a.m.
Abergavenny	...	Y.M.C.A. Buildings	...	2nd and 4th Thursdays at 2.30 p.m.
Monmouth	...	Out-Patients' Department, Cottage Hospital	...	1st and 3rd Fridays at 12 noon.

Return showing the work of the Area during the year 1934

Diagnosis	Pulmonary				Non-Pulmonary				Totals			
	Adults		Children		Adults		Children		Adults		Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A. New cases examined during the year (excluding contacts)—												
(a) Definitely tuberculous	120	81	10	14	14	28	25	19	134	109	35	33
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	1	3	1	—
(c) Non-tuberculous	—	—	—	—	—	—	—	—	232	281	255	194
B. Contacts examined during the year:—												
(a) Definitely tuberculous	—	2	—	1	—	—	1	—	—	2	1	1
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	—	—	—	—
(c) Non-tuberculous	—	—	—	—	—	—	—	—	62	111	100	107

Consultations with Medical Practitioners: (a) Personal, 302; (b) Other, 1,174; Visits by Tuberculosis Officer to homes (including personal consultations), 1,128; Visits by Nurses or Health Visitors to homes for Dispensary purposes, 6,657; Specimens of sputum, etc., examined, 613; X-ray examinations made in connection with Dispensary work, Films, 882. Screenings 1,196; Attendances at Dispensaries and Visiting Stations, 6,219.

DIAGNOSIS OF NEW CASES SEEN DURING THE YEAR.

PULMONARY CASES. Adults only, i.e., over 15 years of age.

(1)	(2) Total number of new cases examined.	(3) Definitely Tuberculous.	(4) Probably Tuberculous.	(5) Doubtfully Tuberculous.	(6) Probably Non- Tuberculous.	(7) Certainly not Tuberculous.	
						(a) Patient deemed healthy.	(b) Other diagnosis made.
Men ...	338	54	66	31	140	5	42
Women ...	332	31	50	22	181	1	47

Analysis of Column 7 (b), giving diagnosis arrived at:—

Men.

Asthma ...	1	Naso-pharyngeal	Tonsillitis ...	1
Bronchiectasis ...	5	catarrh ...	Pyorrhoea ...	2
Bronchitis ...	10	New growth of lung	Tooth in bronchus	1
Gastric ulcer ...	2	Non-T.B. pleurisy	Post-encephalitic	
Heart disease ...	7	Silicosis ...	Parkinsonism ...	1
		Scoliosis ...		1

Women.

Appendicitis ...	1	Bronchiectasis ...	4	Gastric ulcer ...	1
Asthma ...	2	Epistaxis ...	1	Neurasthenia ...	3
Bronchitis ...	4	Empyema ...	2	Laryngitis ...	1
Collapse of lung ...	1	Polypi ...	1	Pharyngitis ...	4
Debility following		Enlarged liver ...	1	Mastitis ...	1
illness ...	1	Furunculosis ...	1	Unresolved pneumonia	1
Dyspepsia ...	1	Heart disease ...	12	Syphilis ...	1
Gynaecological ...	1				
Herpes ...	1				

NON-PULMONARY CASES. Adults and Children.

(1)	(2) Total number of new cases examined.	(3) Definitely Tuberculous.	(4) Probably Tuberculous.	(5) Doubtfully Tuberculous.	(6) Probably Non- Tuberculous.	(7) Certainly not Tuberculous.	
						(a) Patient deemed healthy.	(b) Other diagnosis made.
Men ...	29	2	12	1	3	—	11
Women ...	61	2	26	3	15	—	15
Boys ...	65	4	21	4	16	—	20
Girls ...	47	—	19	5	11	—	12

Analysis of Column 7 (b), giving diagnosis arrived at:—

Men.

Traumatic bursitis ...	3	Sepsis ...	1	Rodent ulcer ...	1
Osteo arthritis ...	1	New growth ...	2	Chronic fibrositis ...	1
Staphylococcal abscess	2				

Women.

Staphylococcal abscess	2	Rosacea ...	2	Syphilis ..	1
Septic hand ...	1	Neurasthenia ...	1	Metatarsalgia ...	1
Acute systitis ...	2	Rheumatoid arthritis	1	Intercostal neuralgia	1
Muscular rheumatism	1	Irido-cyclitis (non-T.B.)	1	Naso-pharyngeal catarrh ...	1

Boys.

Septic glands ...	3	Post-operative		Tooth abscess ...	1
Septic nose ...	2	adhesions ...	1	Septic toe ...	1
Phimosis ...	1	Enlarged tonsils ...	5	Appendicitis ...	2
Cerebro-spinal meningitis ...	1	Mumps ...	1	Synovitis of knee (syphylitic) ...	1
		Infantile diarrhoea ...	1		

Girls.

B. coli bacilluria ...	1	Enlarged tonsils ...	3	Trophic affection of skin following an- terior poliomyelitis	1
Dental caries ...	1	Periostitis (non-T.B.)	1		
Septic glands ...	4	Scoliosis ...	1		

GENERAL.—The number of new cases and contacts is much the same as last year's, there being actually an increase of 22.

On looking into the figures, the first point of importance is that there has again been a considerable fall in the numbers of those found to have active tuberculosis—315 in 1934 as against 355 in 1933. There was an increase of 65 new cases sent by doctors for examination. The percentage of cases found to be suffering from tuberculosis has dropped from 28 per cent. to 24 per cent.

Forty-three fewer contacts were examined. As in previous years, all contacts were invited to attend, but it was not possible, with the staff available, to pay so many visits to homes when they refused to attend the Institute or Visiting Stations. The number of contacts found to be suffering from active tuberculosis on their first examination is extremely small. All are warned to attend again at the slightest indication of ill-health. It may be argued that contact examination is not worth while in view of the very small percentage of definite cases found but, personally, I consider that it is extremely valuable from the educational point of view.

The number of personal consultations with doctors (302) shows an increase of 55, as compared with last year.

Visits by the Tuberculosis Officer to homes (1,128) numbered practically the same. The figure is very high compared with most of the other areas.

Visits by nurses to homes (6,660) have increased by 1,018.

The X-ray examinations have increased by 143 but 74 fewer sputum examinations were made.

The attendance at the Institute and Visiting Stations increased by 428.

In the table showing the age of patients diagnosed, as usual, the figure for the age-group 20—25 is more than twice as high as any other five-year age group. The figure for the age group 40—50 is high and it may be noted that 10 patients over the age of 60 were seen.

The diagnosis table shows that, of 670 pulmonary adults examined, 201 were suffering from tuberculosis, 95 were suffering from other diseases or were considered to be in good health, 374 were not feeling well and could not be considered healthy, but there was no evidence that the tubercle bacillus was responsible for their ill-health, nor could any other definite disease be found. However, of the definite cases, far too many have advanced disease when first seen.

There seems to be no doubt that the general industrial depression is having some effect on the health of the community. It is extremely uncommon to find cases of actual starvation. There is a great deal of improper feeding and lack of knowledge of domestic economy, e.g., one man with 34/- a week to support himself and family was spending 16/- a week on rent, although he said he was quite able to get another house at a much cheaper rate. Several men have left hospital and others have refused to go in, as the drop in Public Assistance relief is so great that the family cannot carry on. This is a point needing urgent attention, as the existing rules appear likely to cause tuberculosis to spread.

NOTIFICATIONS.—Newport. Just over 70 per cent. of the new cases were seen by the Tuberculosis Officer before notification to the Medical Officer of Health, and many others were seen on the same day or within two or three days—evidently being referred at the time of notification. Seven died before notification, and so can hardly be counted as notified cases. Six died within seven days of notification.

DEATHS IN AREA.—There are 194 deaths in the Registrar-General's return: Newport, 96; East Monmouthshire, 98. Of these, 147 were seen by the Tuberculosis Officer during life and 47 were not seen. The number not seen, as usual,

seems rather high. On investigation, 18 died in institutions other than those of the Welsh National Memorial Association and were presumably being properly dealt with. (Six of these were cases of meningitis.) Of the others, six were cases of meningitis, in three tuberculosis was only found at the inquest, nine were cases where tuberculosis was not the main cause of death, some other disease being present, two died out of the area, and one refused to see the Tuberculosis Officer. Most of the others were advanced cases when the doctor was called in.

TREATMENT.—There was a considerable increase in the number of pneumothorax refills given during the year, 24 patients being treated, and 13 remaining under treatment at the end of the year.

Results: One died—haemoptysis.
 One admitted to hospital.
 One—chest full of fluid; refills abandoned for the present. Mostly lives out of the area.
 Two belong to other areas and are not now in this area; doing well when last seen.
 One has left area; doing well when last seen.
 Five discontinued, four because of adhesions, one because of spread in other lung.
 Thirteen—treatment being continued. All fairly well, one requiring other collapse treatment.

This part of the work has been almost entirely carried out by Dr. Godbey with his usual skill and ability.

The surgical treatment clinics continue to be very well attended, and the visits of Dr. Brownlee, Dr. Kenyon Davies, and recently, Dr. Williams, are much appreciated.

Some exceedingly good results have been obtained by home treatment only.

PERSONNEL.—Dr. Godbey continues to do excellent work as Assistant Tuberculosis Officer, and during the two-and-a-half months when I was on sick leave at the end of the year, took charge of the area with complete success.

Dr. Nora O'Leary was appointed part-time medical officer in October and saved the situation by carrying on the routine work with great ability.

Sister Oldfield continues to act as the Newport Corporation Health Visitor for tubercular cases and attends the Institute.

Sister E. S. Jones deals with the orthopaedic and county cases.

Miss Richards continues as clerk at the Institute and all three do their work efficiently.

MATERIEL.—A new institute is badly needed for Newport. The present premises are very conveniently situated but are not large enough and need complete redecoration. Another waiting room and consulting room would be a great convenience.

The Chepstow visiting station was given up at the end of September. The attendance had dwindled almost to vanishing point, and on many occasions no patients attended. There has been a considerable decrease in the amount of tuberculosis in the district, and for some reason or other, the existing patients took a dislike to attending the visiting station. Most of them gave the reason that they did not like to be seen going there. For the present, arrangements have been made for those in need of X-ray examination to attend at the Newport Institute. Others are seen in their own homes. Other premises will be obtained if there is any real need for a visiting station in the future.

Thanks are due to the medical officers of health of Newport and Monmouthshire, the school medical officers, and all general practitioners for their continued co-operation and assistance.

The following is the Report of Dr. Henry A. Ross, Resident Medical Officer, Cefn Mably Hospital, for the year ended 31st December, 1934.
(Report submitted by Dr. Wm. Davies).

Return showing the extent of Residential Treatment and Observation during the year ended December 31st, 1934.

					In Institution on January 1	Admitted during the year.	Dis- charged during the year.	Died in Institu- tion.	In Institution on December 31.
Doubtfully tuberculous cases admitted for observation :—									
Adult males	...	...	...	...	2	7	8	1	—
Adult females	...	...	...	...	1	2	3	—	—
Children	...	...	...	...	—	1	—	1	—
Total	...	...	...	...	3	10	11	2	—
Definitely tuberculous patients admitted for treatment :—									
Adult males	...	...	...	...	61	109	67	37	66
Adult females	...	...	...	...	38	85	73	14	36
Children	...	...	...	...	9	12	13	—	8
Total	...	...	...	...	108	206	153	51	110
Grand Total	...	...	...	...	111	216	164	53	110

Table showing results of treatment of patients and of observation cases discharged during the year 1934.

Classification on Admission to Institution.		Number Discharged.												TOTAL		
		Quiescent			Improved			No Material Improvement			Died					
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.			
Patients, i.e. Definitely T.B.	Pulmonary Cases.	T.B. Minus ...	—	—	—	14	20	10	5	5	1	2	—	—	57	204
	Non-Pulmonary Cases.	T.B. Plus :— Group 1 ...	—	—	—	2	—	—	—	—	—	—	—	—	2	
		Group 2 ...	—	—	—	17	16	1	2	4	1	1	—	—	42	
		Group 3 ...	—	—	—	12	5	—	15	23	—	34	14	—	103	
		Bones & Joints ...	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Abdominal ...	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Other Organs ...	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Peripheral Glands	—	—	—	—	—	—	—	—	—	—	—	—	—	
	TOTALS ...	—	—	—	45	41	11	22	32	2	37	14	—	204		
Observation Cases for Diagnosis.		Found Tuberculous			Found Non-Tuberculous			Doubtfully Tuberculous			13					
		M.	W.	Ch.	M.	W.	Ch.	M.	W.	Ch.						
		3	1	—	5	2	1	1	—	—						
GRAND TOTAL ...															217	

NUMBER DISCHARGED.—Left before completion of treatment, i.e., at own request with permission, left against advice, or discharged for disciplinary reasons, 71; number transferred to other institutions, 36.

DENTAL TREATMENT.—Extractions, 178; Fillings, 6; Scalings, 1.

ARTIFICIAL PNEUMOTHORAX.—Inductions, 40; Refills, 720; Replacements, 19.

X-RAY DEPARTMENT.—Screenings, 955; Radiographs, 216.

GENERAL OBSERVATIONS.

During the year 1934 the total number of patients dealt with was 327, of whom 217 were discharged, leaving 110 under treatment on December 31, 1934. Thirteen cases were admitted for observation, of whom four were found to be tuberculous and have been included in the total number of admissions; the remaining nine were found to be non-tuberculous, and of these one man died of carcinoma of lung, and one boy died of bronchiectasis. The daily average of the number of patients confined to bed was 79·12 per cent., which is an increase on the previous years. The percentage of cases who were found to have tubercle bacilli in the sputum was 72.

CLASSIFICATION OF ADMISSIONS.—

		<i>No. admitted.</i>	<i>Early.</i>	<i>Intermediate.</i>	<i>Advanced.</i>
Men	...	107	6·5%	44·0%	49·5%
Women	...	85	7·0%	42·3%	50·7%
Children	...	13	23·0%	54·0%	23·0%

Comments have been made in previous reports on the large number of patients admitted who are in the first decades of life. During the ten years of the existence of this Hospital, the majority of the patients treated have been under 30 years of age, and the year 1934 is no different in this respect. The following table gives the number of patients under 30 years of age admitted during 1934, and their condition on admission:—

			<i>Men.</i>	<i>Women.</i>	<i>Children.</i>
Moderate	...	...	27	18	10
Advanced	...	...	33	36	3

As will be seen in the above table, the significant figure is the high proportion of women who were in an advanced stage of the disease. The reason for this is not apparent, and it is similar to the experience of observers in other countries. Why should women be so prone to the acute florid type of tuberculosis: is it inherent, or is it due to some environmental cause? It is a notorious fact that married women with families will not seek medical advice until they completely break down, but this reason does not apply to the young domestic servant and shop assistant. Possibly their manner of living may afford

some reason, such as too much confinement to their habitations, and seeking recreation in overcrowded and overheated places of amusement. These young women need guidance in the laws of health, and their resistance to disease will be greatly increased when they will give a similar importance to health culture as they now give to beauty culture. Yet, the writer feels that this is not a complete explanation of their proneness to acute tuberculosis, and further investigations are called for. That is why tuberculosis is so tragic, it overcomes so many in the earlier decades of life.

Several cases of pulmonary tuberculosis, combined with non-pulmonary tuberculosis, were dealt with; one case of spinal disease with a lung lesion, two with tuberculous knees, two with tuberculosis of the kidney, and one with a tuberculous ankle. One was a boy, one a girl, the others being adults. The feature common to all is the chronicity of the pulmonary lesion when combined with a lesion elsewhere in the body. This is especially the case when the non-pulmonary lesion is in a bone or joint. An opportunity was afforded of observing one girl who developed a joint lesion after admission. On admission, she had extensive lesions in both lungs in an acute form, but once the joint lesion supervened, the acute disease in the lungs subsided and became chronic. The reason for this is obscure, for it seems paradoxical to develop extra lesions to prolong life.

One other case merits separate comment for its rarity. This was a woman, 30 years of age, who had extensive calcification of the lymph glands. The glands affected were the cervical, axillary, mediastinal, abdominal, and in both groins. She had suffered from glandular trouble for 23 years, and on admission here had pulmonary tuberculosis in addition.

During the year, eight patients died because of fatal haemoptysis, and in ten years over forty patients have died here from this tragic accident.

X-RAY.—This department continues to give most valuable assistance in the diagnosis and the treatment of the patients. The fluoroscopic examinations have increased enormously during the last year. The number of radiographs taken has diminished. This is owing to the fact that a large number of patients have been radiographed before admission, and these radiographs have been sent to the Hospital with the patients.

On July 14th, 1934, the Society of Municipal Treasurers visited the Hospital.

THERAPEUTIC.—As will be seen from the above tables, treatment by artificial pneumothorax has increased during the year. The number of cases induced being 40, and the number of refills done being 720. Attempts have been made to apply this form of treatment to the more advanced type of case with varying success. Some of these have had to be abandoned owing to spread of the disease in other parts of the body. A large percentage of the cases have

improved and continue to show improvement. It has been observed that the patients who show most marked improvement are those in whom complete immobilisation of the affected lung with loss of function has not been obtained. It would appear that, for artificial pneumothorax to be effective, a certain latitude must be allowed for preserving some normal functional responses.

During the latter half of the year, by arrangement with the Glan Ely Hospital, a certain number of patients have had major surgical operations done there. Owing to this arrangement, modern surgical methods have at last become available for the treatment of the patients in this institution.

The majority of the patients, however, have been treated by graduated rest and exercise. These methods have been well tried, and there is a type of case who responds well to this form of treatment. The success of this treatment depends greatly on the wisdom of the empiricism of the clinician, and the intelligent co-operation of the patient is essential. To successfully apply treatment by auto-inoculation the clinician must have an intimate knowledge of the patient's condition. The goal aimed at is that of immunity, and the various phases of the disease, from allergy through protective reaction and restorative reaction, must be carefully studied. The main difficulties of the treatment are the control of the dosage of auto-inoculation and the spacing of the time intervals between each dose.

A few patients have been treated with sanocrysin. Although some cases may favourably respond to this treatment, the improvement is not permanent, and relapses are frequent. Gold therapy is still an open question, but it has no specific bactericidal action, and the hopes aroused by its inventor have not been fulfilled.

MATERIEL.—Large areas of the roof over the main building have been pointed, stone tiles renewed, and roof timbers renewed where necessary. There is still, however, a larger area of roof which will have to be overhauled in the near future.

It has been mentioned in previous reports that the present boilers are nearing the end of their useful life, and the work of providing centralised boilers to supply steam, hot water, and heat is proceeding. When this scheme comes into operation, it is hoped that there will be an increased efficiency in these services.

The floor in the Maid's Dining Room has been renewed, an oak floor being laid to replace the original stone flags. The outside walls of the Garden Cottage have been cemented to keep out the damp.

Owing to financial stringency, other desirable and necessary improvements which had been planned have not been carried out. It is hoped that a new kitchen range will soon be installed, as the replacement of the old range is becoming urgent.

PERSONNEL.—Dr. Mary E. Hewart Jones continues to give loyal and efficient service as Assistant Medical Officer. During part of the year, Dr. Violet Hickson and Dr. Enid Fisher have successively held the post of Junior Assistant Medical Officer.

ACKNOWLEDGEMENTS.—We have pleasure in acknowledging our indebtedness to the Ladies' Sewing Guild, who have done and are doing such excellent work in supplying garments for poor patients. Workers all over Monmouthshire devote freely money and time to this good work, for which we are truly grateful.

To those numerous donors who have given money, books, magazines, and toys, etc., we tender our grateful thanks.

To the Chaplains, both Nonconformist and Church of England, who have conducted the religious services at the Hospital and have interested themselves in the spiritual welfare of the patients, we express our deep appreciation.

We also thank the concert parties who have contributed to the happiness of the patients during the year.

With deep regret we have to report the death of Sir Leolin Forestier-Walker, Bart., M.P., who for many years was Chairman of the House Committee, and also one of the Treasurers of the Association. He always took a great and keen interest in the Hospital from the very beginning. It was he who suggested to the late Viscount Tredegar to hand over the Cefn Mably Mansion to the Association. He had actively supported the interests of the Association both at home and in Whitehall, and the loss of his wise counsel and valued experience is deeply felt by all those who were associated with him.

We are grateful to the House Committee for their continued encouragement and support, which they have always made available.

In conclusion, we desire to express our appreciative thanks to the Central Office staff for their ever-ready co-operation and assistance, and to the whole staff of the Hospital for their efficient and devoted service.

The following tables give details of the work undertaken by the Welsh National Memorial Association in the Administrative County during the year ended 31st December, 1934.

TABLE 1.

Return showing the work of the Dispensaries during the year ended
December 31st, 1934.

DIAGNOSIS.	Pulmonary				Non-Pulmonary				Total			
	Adults		Children		Adults		Children		Adults		Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—NEW CASES examined during the year (excluding contacts) :—												
(a) Definitely tuberculous ...	126	111	9	16	23	32	26	13	149	143	35	29
(b) Diagnosis not completed ...	...	...	...	...	...	...	...	...	...	2	1	...
(c) Non-Tuberculous ...	...	...	...	...	...	...	...	..	433	341	367	283
B.—CONTACTS examined during the year :—												
(a) Definitely tuberculous ...	1	4	...	3	...	...	...	...	1	4	...	3
(b) Diagnosis not completed ...	...	...	...	...	...	...	...	...	...	...	...	...
(c) Non-tuberculous ..	...	...	...	...	...	...	...	...	85	126	140	119
C.—CASES written off the Dispensary Registers as :—												
(a) Recovered ...	37	53	1	10	7	10	9	9	44	63	10	19
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Registers as tuberculous) ...	...	...	...	...	...	...	...	...	519	471	508	603
D. — NUMBER OF CASES on Dispensary Registers on December 31st :—												
(a) Definitely tuberculous ...	558	490	72	69	146	193	143	95	704	683	215	164
(b) Diagnosis not completed ...	..	...	...	...	...	...	...	...	...	2	2	...

TABLE 1 (Continued).

1.—Number of cases on Dispensary Registers, on January 1st. ...	1782	8.—Number of visits by Tuberculosis Officers to homes (including personal consultations). ...	1542
2.—Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years. ...	37	9.—Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ...	5877
3.—Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of." ...	61	10.—Number of :— (a) Specimens of sputum, etc., examined ...	980
4.—Cases written off during the year as dead (all causes). ...	212	(b) X-Ray examinations made in connection with Dispensary work ...	1995
5.—Number of attendances at the Dispensaries (including Contacts) ...	8263	11.—Number of "Recovered" cases restored to Dispensary Registers, and included in A (a) and A (b) above ...	11
6.—Number of Insured Persons under Domiciliary Treatment on the 31st December. ...	69	12.—Number of "T.B. plus" cases on Dispensary Registers on December 31st. ...	458
7.—Number of consultations with Medical Practitioners :— (a) Personal ...	569		
(b) Other ...	2832		

TABLE 2.

Return showing the Extent of Residential Treatment and Observation in Institutions during the year ended December 31st, 1934.

		In Institutions on Jan. 1st, 1934	Admitted during year.	Discharged during year.	Died in Institutions.	In Institutions on Dec., 31st, 1934.
Number of doubtfully tuberculous cases admitted for observation	Adult Males ...	2	18	18	1	1
	Adult Females..	2	16	15	1	2
	Children	8	26	25	1	8
	Total ...	12	60	58	3	11
Number of definitely tuberculous patients admitted for treatment.	Adult Males ...	83	124	107	26	74
	Adult Females..	52	110	108	10	44
	Children	42	54	49	—	47
	Total ...	177	288	264	36	165
Grand Total ...		189	348	322	39	176

TABLE 3.

Return showing the immediate results of treatment of definitely Tuberculous patients discharged from Residential Institutions during the year ended December 31st, 1934.

HOSPITAL (PULMONARY CASES).

Classification on admission to Institution.	Condition at time of discharge.	Under 3 months			3—6 months			6—12 months			More than 12 months			Total
		M.	F.	Ch	M.	F.	Ch	M.	F.	Ch	M.	F.	Ch	
Class. T.B. Minus.	Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent	6	3	1	3	3	3	...	5	3	...	...	1	28
	Died ... ..	...	...	...	1	...	...	...	...	...	...	...	...	1
Class. T.B. Plus. Group 1.	Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent	1	...	...	...	...	...	...	...	...	...	...	...	1
	Died ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Class. T.B. Plus. Group 2.	Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent	2	1	...	5	5	...	2	5	1	2	...	...	23
	Died ... ..	...	...	...	...	...	...	1	...	...	...	...	...	1
Class. T.B. Plus. Group 3.	Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent	2	8	...	5	7	...	5	7	...	3	1	...	38
	Died	5	3	...	4	3	..	5	3	...	4	...	...	27
Totals		16	15	1	18	18	3	13	20	4	9	1	1	119

TABLE 3(a)

Return showing the results of observation of doubtfully Tuberculous cases discharged from Residential Institutions during the year ended December 31st, 1934.

HOSPITAL (PULMONARY CASES).

Diagnosis on discharge from observation.	Stay under 4 weeks			Stay over 4 weeks			Total		
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous	1	...	...	1	1	...	2	1	...
Non-Tuberculous ... ..	...	1	...	3	1	1	3	2	1
Doubtful ... ..	...	...	...	...	...	...	...	...	...
Totals	1	1	...	4	2	1	5	3	1

TABLE 4.

Return showing the immediate results of treatment of definitely Tuberculous patients discharged from Residential Institutions during the year ended December 31st, 1934.

SANATORIUM (PULMONARY CASES).

Classification on admission to Institution.	Condition at time of discharge.	Under 3 months			3-6 months			6-12 months			More than 12 months			Total
		M.	F.	Ch	M.	F.	Ch	M.	F.	Ch	M.	F.	Ch	
Class. T.B. Minus.	Quiescent	1	3	3	4	10	1	1	...	3	...	...	1	27
	Not Quiescent	2	...	...	4	5	...	4	...	1	2	...	1	19
	Died ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Class. T.B. Plus. Group 1.	Quiescent ... ..	...	...	...	...	2	...	...	...	...	...	...	...	2
	Not Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
	Died ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Class. T.B. Plus. Group 2.	Quiescent ... ..	...	...	...	...	2	...	...	...	...	...	...	...	2
	Not Quiescent	1	...	...	6	5	...	3	2	...	4	...	...	21
	Died ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Class. T.B. Plus. Group 3.	Quiescent ... ..	...	...	...	1	..	...	...	...	...	1	...	...	2
	Not Quiescent ... ..	...	...	...	1	4	...	2	...	...	1	...	...	8
	Died ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals		4	3	3	16	28	1	10	3	4	8	...	2	82

TABLE 4(a)

Return showing the results of observation of doubtfully Tuberculous cases discharged from Residential Institutions during the year ended December 31st, 1934.

SANATORIUM (PULMONARY CASES).

Diagnosis on discharge from observation.	Stay under 4 weeks			Stay over 4 weeks			Total		
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous	1	2	...	...	2	2	1	4	2
Non-Tuberculous ... ..	...	...	...	1	...	...	1	...	...
Doubtful	1	...	...	1	...	4	2	...	4
Totals	2	2	...	2	2	6	4	4	6

TABLE 5.

Return showing the immediate results of treatment of definitely Tuberculous patients discharged from Residential Institutions during the year ended December 31st, 1934.

HOSPITAL (NON-PULMONARY CASES.)

Classification on admission to Institution.	Condition at time of discharge.	Under 3 months			3-6 months			6-12 months			More than 12 months			Total
		M.	F.	Ch	M.	F.	Ch	M.	F.	Ch	M.	F.	Ch	
Bones and Joints.	Quiescent	2	...	...	1	...	2	2	...	2	4	1	2	16
	Not Quiescent	2	2	...	1	...	3	6	2	2	3	2	6	29
	Died	1	...	...	...	...	...	...	...	...	...	...	...	1
Abdominal.	Quiescent ... ..	...	...	...	1	...	1	...	...	2	...	...	...	4
	Not Quiescent	1	1	...	...	2	...	...	...	1	...	...	1	6
	Died ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Organs.	Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent ... ..	...	2	...	...	...	...	1	...	1	...	...	...	4
	Died ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Peripheral Glands.	Quiescent ... ..	...	...	...	...	...	1	...	...	...	...	...	...	1
	Not Quiescent ... ..	...	2	...	...	2	2	...	...	1	...	...	...	7
	Died ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals		6	7	...	3	4	9	8	3	8	8	3	9	68

TABLE 5(a).

Return showing the results of observation of doubtfully Tuberculous cases discharged from Residential Institutions during the year ended December 31st, 1934.

HOSPITAL (NON-PULMONARY CASES)

Diagnosis on discharge from observation.	Stay under 4 weeks			Stay over 4 weeks			Total		
	M.	F.	Ch.	M.	F.	C	M.	F.	Ch.
Tuberculous	2	...	1	2	1	4	4	1	5
Non-Tuberculous	2	...	...	3	4	10	5	4	10
Doubtful	1	...	...	...	4	4	1	4	4
Totals	5	...	1	5	9	18	10	9	19

VENEREAL DISEASES.

The following is a summary of the scheme of the County Council for the prevention and treatment of these diseases:—

The Treatment Centre for the Administrative County is at the Royal Gwent Hospital, Newport. The days and hours of the sessions are:—

MALES.—Mondays at 10 a.m.
 Wednesdays at 2 p.m.
 Thursdays (old cases only) at 4 p.m.
 Fridays at 6 p.m.

FEMALES.—Mondays at 2 p.m.
 Thursdays at 2 p.m.

Facilities for the irrigation of cases of gonorrhœa are also available.

Dr. P. C. P. Ingram is the Medical Officer in charge of the Centre for men, and Dr. Mary Gordon, Assistant Medical Officer under the County Council, attends the women's sessions, and this arrangement came into force on the 28th September, 1925.

The bacteriological examinations in connection with the Centre are conducted at the County Laboratory by the County Pathologist and Bacteriologist. Laboratory facilities for private practitioners are also provided, and outfits from the Laboratory are sent to them when required.

The medical profession in the County has been circularised with the details of the scheme, and a propaganda campaign is periodically conducted by advertisements in the local newspapers, posters on public hoardings, in public and railway station urinals, and every winter by separate public lectures for men and for women.

In necessitous cases the County Council provides rail fares for patients attending the Treatment Centre, which amounted to £322 4s. 1d. in the year 1934.

There is every indication that the scheme is sufficient to meet the needs of the County.

The reports of the Medical Officers in charge of the Treatment Centres are as follows:—

A.—DR. P. C. P. INGRAM.

"The number of patients seen for the first time in the year under review shows a small increase on that of the previous year but this is due

entirely to a large increase in the number who were found not to be suffering from Venereal Disease. There is a substantial decline in the number of new cases of Syphilis and of Soft Chancre and a small decrease in those suffering from Gonorrhoea. As in all recent years the number of cases of early Syphilis is very small.

The total attendances on the other hand show a decline but not more than would be expected from the decreased number of new cases actually suffering from Venereal Disease.

During the year the use of the Compliment Fixation Test for Gonorrhoea was introduced as a routine measure. This, while considerably increasing the work both in the Clinic and Laboratory, will be of benefit both as an additional method of diagnosis and also as a Test for Cure."

B.—Dr. MARY H. M. GORDON.

"The total number of cases attending for the first time showed an increase over last year's figure—262 compared with 242—due to an increase in the number of new cases of Gonorrhoea and an increase in the number of cases reporting for examination and found to be non-venereal cases.

The number of new cases of Syphilis was slightly less than last year. There was again an increase in the number of new cases of Gonorrhoea. The proportion of new cases of Gonorrhoea to new cases of Syphilis was 2.4:1 this proportion approximates more closely to the corresponding figures for England and Wales (2.2:1) than in any previous year, so the inference is that in Monmouthshire a larger proportion of infected persons are availing themselves of the opportunities for treatment.

The number of non-venereal cases showed an increase over last year's figure. This is satisfying in that it shows that an increasing number of persons who may have reason to suspect they have contracted one of these diseases, are coming forward and submitting to examination.

The new cases of Syphilis were again composed chiefly of patients in the later stages of the disease and cases of Congenital Syphilis. The County Maternity and Child Welfare Centres, including the Ante-natal Clinics, still continue to refer a large number of cases to the Treatment Centre. Unfortunately, on account of difficulty in travelling, pregnant women cannot get a sufficiency of treatment in the later months.

There is a marked increase in the number of patients discharged cured after completion of treatment for Syphilis and Gonorrhoea.

The figure for defaulters shows an increase over last year, but it is fairly

proportionate to the increase in the number of new patients. That the figure for non-attendance is not higher is due to the work of the Lady Inquiry Officer, who visits patients and advises them as to the necessity of regular attendance for treatment.

The drugs used were Salvarsan compounds, with Bismuth."

Comparison with reports of other Counties proves that the proportion of attendances of women to men at the County Treatment Centre is greater in Monmouthshire than in most other Counties. This can be attributed to the work of the Inquiry Officer, Nurse E. M. Walters, who follows female patients (old and new to their homes, and she invites them to undergo and persevere with treatment at the Centre. She also attends at the Treatment Centre on the days fixed for female patients, and this procedure has proved to be a great encouragement to the women to visit the Centre regularly. The work accomplished by her during the year was as follows:—

Number of visits paid in the Administrative County :

	1934.	1933.
To new cases which came to her knowledge and which had not undergone treatment	395	356
To old cases in which visits to the Treatment Centre had been discontinued before completion of treatment, also to old cases still under treatment ...	1635	1492
To members of Voluntary Agencies, District Nurses, etc.	223	237
	<hr/>	<hr/>
Total	2253	2085

Since her appointment in July, 1918, Nurse Walters has visited 5,984 new cases.

The medical practitioners of the County approve the scheme most cordially, and the majority of them send patients to the Centre for treatment. Advantage is also taken of the facilities for tests at the County Laboratory, and 686 specimens were examined for private practitioners during the year 1934.

Details of the work carried out at the Laboratory and Treatment Centre during the year 1934 are as follows:—

I.—COUNTY LABORATORY, COUNTY HALL.
RETURN OF SPECIMENS EXAMINED.

1934.												Previous Year 1933
	For detection of Spirochaetes.		For detection of Gonococci.		Complement Fixation Test (Gonorrhoea)		For Wassermann reaction (Syphilis).		Other Examinations.		TOTAL.	
	Males	Fe- males	Males	Fe- males	Males	Fe- males	Males	Fe- males	Males	Fe- males		
From County of Monmouth—												
Treatment Centre ..	24	4	514	917	181	143	542	568	13	11	2917	2425
Practitioners ..	3	2	119	167	6	1	195	173	13	7	686	662
From County Borough of Newport—												
Treatment Centre ..	24	—	321	393	100	88	403	206	13	1	1549	1120
Practitioners ...	2	—	49	115	5	2	245	137	9	5	569	489
From Other Districts—												
Glamorganshire ..	—	—	5	—	1	—	1	—	—	—	7	12
Brecon ...	—	—	10	3	4	—	2	1	—	—	20	11
London ...	—	—	1	—	—	—	—	—	—	—	1	—
Gloucestershire ...	—	—	1	—	1	—	2	—	—	—	4	—
Cardiff ...	—	—	4	10	1	—	1	—	—	—	16	1
Bristol ...	—	—	—	—	—	—	—	—	—	—	—	1
Totals	53	6	1024	1605	299	234	1391	1085	48	24	5769	4721

No of doses of substitutes for Salvarsan supplied to Medical Practitioners:—

				1934.		1933.	
Novarsenobillon	·9 grm. =	...	...	9	...	—	—
	·6 " =	...	...	19	...	19	19
	·3 " =	...	...	33	...	10	10
	Totals	...	...	61	...	29	29
Stabilarsen (Boots)	·6 grm. =	...	...	27	...	30	30
	·45 " =	...	...	12	...	37	37
	·3 " =	...	...	1	...	2	2
	·2 " =	...	...	22	...	—	—
	·15 " =	...	...	5	...	—	—
	Totals	...	...	67	...	69	69
Sulphostab (Boots)	2 grm. =	...	...	—	...	—	—
	·3 " =	...	...	—	...	—	—
	·45 " =	...	...	30	...	—	—
	·6 " =	...	...	10	...	—	—
	Totals	...	...	40	...	—	—
Kharsulphan ·45 grm. =				9	...	—	—
Sulphostab Solvent =				1 oz.	...	—	—

The number of practitioners upon the register for the supply of salvarsan substitutes is twenty.

2.—TREATMENT CENTRE.

(ROYAL GWENT HOSPITAL, NEWPORT).

Returns of Dr. P. C. P. INGRAM, Medical Officer of Centre, to the Medical Officer of Health, relating to persons residing in the Administrative County of Monmouth.

	1934.			1933.		
	Males.	Females.	Total.	Males.	Females.	Total.
1.—Number of persons dealt with at or in connection with the Out-patient Clinic for the first time and found to be:—						
Suffering from Syphilis ...	37	37	74	47	45	92
" " Soft Chancre ...	9	—	9	15	—	15
" " Gonorrhoea ...	125	88	213	135	79	214
Not suffering from venereal disease ...	80	137	217	45	118	163
Total ...	251	262	513	242	242	484
2.—Number of persons discharged from the Out-patient Clinic after completion of treatment for:—						
Syphilis ...	3	17	20	14	12	26
Soft Chancre ...	8	—	8	15	—	15
Gonorrhoea ...	58	33	91	57	19	76
Not suffering from venereal disease ...	92	160	252	42	109	151
Total ..	161	210	371	128	140	268
3.—Number of persons who ceased to attend the Out-patient Clinic without completing treatment, and who were suffering from:—						
Syphilis ...	44	61	105	32	42	74
Soft Chancre ...	6	—	6	2	—	2
Gonorrhoea ...	85	89	174	62	37	99
Not suffering from venereal disease ...	—	—	—	—	—	—
Total ...	135	150	285	96	79	175
4.—Total attendances of all persons at the Out-patient Clinic who were:—						
Suffering from Syphilis ...	2339	2723	5062	2708	2555	5273
" " Soft Chancre ...	59	—	59	122	—	122
" " Gonorrhoea ...	2462	1327	3789	2484	1077	3561
Not suffering from venereal disease ...	156	313	469	97	204	301
Total ...	5016	4363	9379	5411	3846	9257

	1934.			1933.		
	Males.	Females.	Total.	Males.	Females.	Total
5.—Aggregate number of " In-patient days " of treatment given to persons suffering from:—						
Syphilis	75	268	343	246	391	637
Gonorrhoea	172	87	259	161	309	470
Soft Chancre	—	—	—	4	—	4
Not suffering from Venereal disease	—	—	—	—	—	—
Observation Cases	—	—	—	—	—	—
Total	247	355	602	411	700	1111
6.—Number of persons treated with Salvarsan substitutes	118	254	372	195	267	462
7.—Number of doses of Salvarsan substitutes given:—						
Name of Drugs—Novarsenobillon						
Silversalvarsan						
Stabilarsan						
Kharsuphan						
Sulphostab						
Arseno Argenticum						
dose .05	—	—	—	—	—	—
dose .1	65	119	184	28	41	69
dose .15	64	118	182	44	153	197
dose .2	15	145	160	7	233	240
dose .25	—	52	52	—	20	20
dose .3	58	203	261	64	275	339
dose .45	194	332	526	261	380	641
dose .6	156	11	167	200	—	200
dose .75	13	—	13	31	—	31
Name of Drug—Bismuth dose .2 grm	497	821	1318	—	—	—
Quin. Iod. ,, dose .2 grm.	—	—	—	809	1032	1841
,, dose .3 grm.	527	627	1154	354	466	820
Total	1589	2428	4017	1798	2600	4398
8.—Examination of Pathological material:—	Males.	Females.	Total.	Males.	Females.	Total
Specimens from persons attending at the Treatment Centre which were sent for examination to an independent Laboratory—						
For detection of spirochaetes ...	24	4	28	38	4	42
,, ,, gonococci ...	514	916	1430	495	795	1290
Complement Fixation Test ...	182	144	326	—	—	—
For Wassermann reaction ...	542	568	1110	626	439	1065
Others	12	10	22	25	3	28
Totals	1274	1642	2916	1184	1241	2425

No action has been taken under the Venereal Diseases Act, 1917, in the County as no evidence has been available of breach of its provision.

MATERNITY AND CHILD WELFARE.

This work has been fully dealt with in the special report which has been prepared.

BLIND PERSONS ACT, 1920.

The number of blind persons upon the County Register at the 31st March, 1935, was 777—381 males and 396 females. Details are given in the accompanying tables.

Grants are made to the unemployable blind after consideration of the cases by the Blind Persons Act Sub-Committee of the Public Health Committee and during the financial year 1934-1935, weekly grants were made to 461 persons, the total amount of the grants being £8,461 11s. 0d.

The Monmouth County Association for the Blind is very active in its efforts to provide social amenities for the blind persons on the County Register. A New Year's treat was organised in many of the districts and each blind person in the County received a gift of the value of 5/-. Summer outings are arranged. Barry Island was the venue in 1934. The 1935 outing will also be to Barry Island where a whole day will be spent, and luncheon and tea provided.

The Association has been instrumental in obtaining free radio relay service for the blind in several districts and it has provided many loud speakers for the use of blind persons in connection with this service. In various other ways the Association is constantly assisting in the social welfare of the Blind.

There are twenty local Blind Welfare Committees in the County helping in the work and we are glad to acknowledge their valuable aid.

The Joint Committee of the Newport Borough Council and the County Council which has been endeavouring to form a Joint Association for the Welfare of the Blind to serve the two areas has now been successful in its efforts. The Newport and Monmouthshire Blind Aid Society refused to become Associated with the new body, and upon the recommendation of the Joint Committee the Borough Council de-registered the Newport Institute for the Blind with which the Newport Society was associated. An appeal made by the Society to the Charity Commissioners was dismissed and steps are now being taken to inaugurate the Joint Association at the earliest opportunity.

Blind Registrations as at 31st MARCH, 1935.

TABLE 1.—Age Periods.

0—5			5—16			16—21			21—30			30—40			40—50			50—60			60—70			70 and upwards			Totals.		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1	3	4	8	11	19	9	5	14	10	15	25	11	14	25	29	27	56	51	52	103	108	100	208	154	169	323	381	396	777

TABLE 2.—Ages at which Blindness occurred.

0—1			1—5			5—10			10—20			20—30			30—40			40—50			50—60			60—70			70 and upwards			Un- known		Total
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
32	27	59	13	28	41	8	6	14	11	16	27	18	19	37	28	24	52	41	38	79	63	77	140	95	92	187	52	51	103	201	381	396

TABLE 3. (a) Training and Employment. Age period 16 and upwards.

Employed						Undergoing Training.						Trained but unemployed		No training but Trainable		Unemployable		Total										
By Blind Institutions.			All others not included in (a) & (b)			Total employed		Industrial		Secondary		Professional or University		Trained but unemployed		No training but Trainable		Unemployable		Total								
Workshops		Home Workers	(a) & (b)		(c)	(d)	(e)		(f)		(g)		(h)		(i)		(j)											
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.								
3	2	5	2	17	...	17	22	2	24	5	3	8	1	3	4	4	6	10	8	3	11	332	365	697	372	754

(b) Occupations of Employed.

Within Institutions for the Blind	Basket Weavers	Pad Brushes	Ministers of Religion	Dealers (Tea Agents, Shopkeepers etc.)	Knitters	Musicians & Teachers	Turners	Weavers	Solitors	Massenur	Total
In approved Home Workers Schemes	2	...	...	...	...	2
Others (not pastime workers)	1	9	...	1	4	...	1	1	17

TABLE 4. Physically and Mentally Defective (all ages).

(a) Mentally Defective			(b) Physically Defective			(c) Deaf			TOTAL		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
8	12	20	5	5	10	20	21	41	33	38	71

